



Management of Common Symptoms FOR CHO/SN





LEARNING OBJECTIVES



At the end of the session, the learner should be able to:

- Understand the causes of common symptoms in patients needing palliative care
- Describe non-pharmacological interventions for the management of common symptoms
- Demonstrate nursing management of dyspnea, cough, urinary problems, oral problems, nausea, vomiting, diarrhea and constipation in palliative care practice



5 A'S OF CHRONIC CARE

- Assess

- Advise

- Agree

- Assist

- Arrange



GI SYMPTOMS

- Nausea
- Vomiting
- Constipation





DEFINITIONS

Nausea:

unpleasant feeling of need to vomit, often accompanied by cold sweats, salivation, tachycardia & diarrhoea

Vomiting:

forceful expulsion of gastric contents through mouth associated with contraction of abdominal and chest wall musculature





COMMON CAUSES OF VOMITING

- Drugs like anticancer
- Stretch/distortion/irritation/stasis of GIT
- Raised intracranial pressure
- Motion sickness
- Anxiety



CAUSES OF NAUSEA AND VOMITING IN PALLIATIVE CARE

- Gastric stasis
- Intestinal obstruction
- Biochemical disturbances
- Drugs
- Raised ICP
- Others

NON-PHARMACOLOGICAL WAYS TO CONTROL NAUSEA AND VOMITING

- Calm environment
- No sight or smell of dettol, phenyl, deodorant, wounds
- Use small helpings of food
- Cold rather than hot food
- Avoid spicy, rich, fatty and very sweet food
- Good oral hygiene
- Relaxation therapy

NON-PHARMACOLOGICAL WAYS TO CONTROL NAUSEA AND VOMITING

- Well-ventilated room, put on the fan if needed
- Keep a bowl for vomiting close by
- Give liquid in small quantities (1/4 to ½ cup) at intervals of half an hour
- Salted rice water (water drained out after cooking) or ORT (oral rehydration therapy) liquid or tender coconut water
- Make the patient sit up while eating and let him not lie down immediately after food
- Ginger helps to reduce nausea



CHOICE OF ANTI-EMETIC DRUG

Cause	Drug
Drugs/ toxins/ metabolic	Haloperidol
Chemodrugs	Ondansetron
Gastric stasis	Prokinetics (Metoclopramide, <i>Reglan</i>)
Raised ICP	Dexamethasone, Promethazine (<i>Phenergan</i>)
Movement induced	Cinnarizine (<i>Stugeron</i>)
GI obstruction	Hyoscine (<i>Buscopan</i>)



CONSTIPATION

- Passage of small, hard faeces infrequently and with difficulty
- May rival pain as cause of distress
- Rome IV criteria (at least 2 over last 3 months)
 - Straining at least 25% of time
 - Hard stool at least 25% of time
 - Sensation of incomplete evacuation at least 25% of time
 - 3 or less bowel movements per week
 - Sensation of anorectal obstruction or blockage at least 25% of time
 - Manual maneuvering required to defecate at least 25% of time



CAUSES OF CONSTIPATION



- Obstruction
- Neurological
- Hypercalcemia
- Dietary
- Immobility
- Drugs (Opioids, Anticholinergics, Anticonvulsants, Antacids, Diuretics, Iron)
- Diabetes
- Hypothyroidism
- Hypokalemia



NON-PHARMACOLOGICAL MANAGEMENT OF CONSTIPATION

- Physical activity
- Fluids
- Privacy/comfortable environment,
time
- Increase fiber diet



CHOICE OF ORAL LAXATIVES

Type of laxative	Example
Softeners	Liquid paraffin, docuasate sodium, lactulose, Magnesium hydroxide
Normalizers	Bulk-forming laxatives (<i>Isabgol</i>)
Predominantly stimulants	Bisacodyl, Sodium picosulphate, Senna

POINTS TO REMEMBER

- When in doubt about intestinal obstruction, use softeners only
- For hard impacted stool, use glycerine or oil to lubricate
- Always use analgesics before manual evacuation
- Sedation may be needed
- Prophylactic laxative
- Constipation and retention can lead to confusion, agitation and delirium
- Additional water / fiber supplementing may not improve constipation
- Even if patient has not taken any thing for a few days, he may need bowel care



BREATHLESSNESS /DYSпноEA/BREATHING DIFFICULTY

Breathlessness is common
among patients suffering from
many long-term illnesses
relating to lungs, heart, kidney



ASSESSMENT OF INTENSITY OF BREATHLESSNESS



Light: due to hard work, or climbing upstairs



Moderate: breathlessness while walking



Severe: breathlessness even at rest



CAUSES

- Pulmonary malignancy
- Anaemia
- Bronchospasm / COPD
- Pericardial Effusion / Tamponade
- Pleural effusion
- Pneumonia
- Pulmonary oedema
- Pulmonary embolism
- Pulmonary fibrosis
- Radiation pneumonia
- Anxiety



NON-PHARMACOLOGICAL MANAGEMENT OF DYSPNEA

- Positioning - sit the patient up, avoid abdominal or chest compression and restrictive clothing.
- Airflow - encourage cool air flow over the face - open window, electric fan, ceiling fan, handheld fan.
- Distraction - reading, relaxation, company, music, TV or radio.
- Encourage diaphragmatic (use lower chest muscles) breathing and pursed-lip breathing.



NON-PHARMACOLOGICAL MANAGEMENT OF DYSPNEA

- Encourage relaxation of shoulders (take the weight off the shoulders by resting arms on support) and upper chest muscles on breathing.
- Massage of shoulders may further assist relaxation and encourage diaphragmatic breathing
- Modification of lifestyle, breathing retraining and relaxation may be beneficial if instituted early enough
- Consider referral to physiotherapist or occupational therapist



Pursed lip breathing technique

1. Relax your neck and shoulder muscles. *(figure to right)*
2. Breathe in (inhale) slowly through your nose for two counts, keeping your mouth closed. Don't take a deep breath; a normal breath will do. It may help to count to yourself: inhale, one, two. *(figure to right)*
3. Pucker or "purse" your lips as if you were going to whistle or gently flicker the flame of candle. *(figure to left)*
4. Breathe out (exhale) slowly and gently through your pursed lips while counting to four. It may help to count to yourself: exhale, one, two, three, four. *(figure to right)*



With regular practice, this technique will seem natural to you.



DRUGS

- Oral salbutamol 2 – 4 mg tds
- Oral Terbutaline 2.5 – 5 mg tds
- Oral Deriphylline 100 mg tds or 150 mg bd
- Nebulizer (salbutamol, ipratropium)
- Inj. Deriphylline, Inj. Dexona





OXYGEN

- Not all patients with hypoxia are breathless, not all with dyspnoea have hypoxia
- Helpful only if there is hypoxia and cyanosis
- Beneficial in sudden hyperventilation due to panic, pulmonary edema, pulmonary embolus
- Nasal cannula better as mask forms a barrier

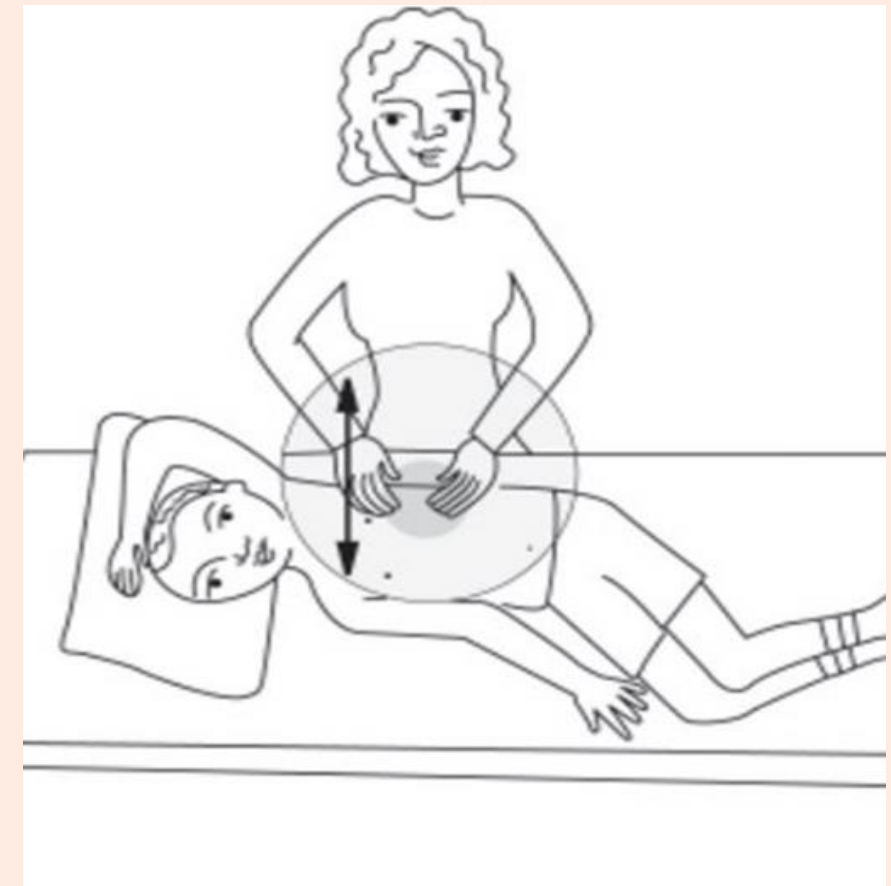


MANAGEMENT OF COUGH

- Ensure a suitable environment – comfortable temperature, humidification
- Soothing warm drink or lozenges
- For productive cough– encourage the expulsion of secretions, physiotherapy and postural drainage.
- Drugs -cough suppressants expectorants, anti-tussive, bronchodilators etc.
- Opioids are the drugs of choice in the symptomatic management of cough in advanced diseases. Codeine is commonly used as a cough suppressant.

MANAGEMENT OF COUGH

- Corticosteroids helpful in controlling radiotherapy-induced cough and due to lung congestion by tumour
- Assess the environment of the patient. Is it a smoky room, cold room, dry atmosphere?
- Inhalation of eucalyptus oil-infused steam for productive cough
- Physiotherapy for productive cough: With the patient lying on their side, support the abdomen with a pillow, blow out sharply three times, hold breath, then cough
- Change position and provide support
- Postural drainage





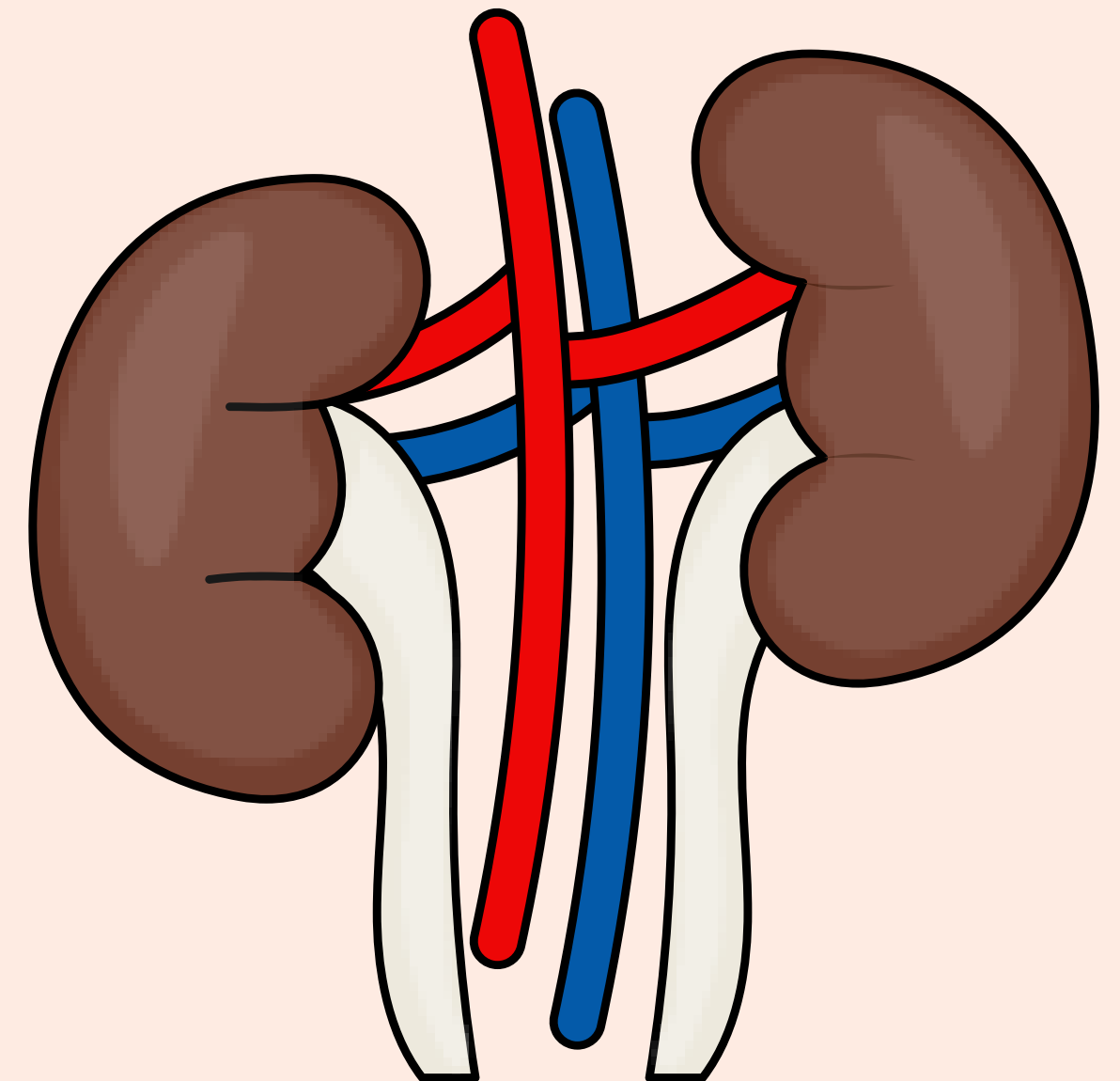
TERMINAL DYSPNOEA

- Patients often fear suffocating to death
- Opioid with sedative anxiolytic
- Agitation- haloperidol
- Failure to relieve terminal dyspnoea is a failure to utilize drug treatment correctly



PROBLEMS OF URINARY SYSTEM

- Dysuria
- Hesitancy and retention of urine
- Increased frequency of urination
- Incontinence
- Pyuria
- Haematuria
- Polyuria
- Oliguria





ORAL PROBLEMS

- Oral Candidiasis/ Thrush
- Xerostomia
- Halitosis





SUMMARY

- Dyspnea, cough, urinary problems, oral problems, nausea, vomiting, diarrhoea and constipation are common problems faced during palliative care practice
- Nursing management is important to relieve symptoms
- Physiotherapy and proper posture are important
- Some symptoms can be relieved temporarily by medications



EVALUATION QUESTIONS

- Which type of laxative should be used first?
- What are the 5 A's of chronic care?
- Hot / cold food should be given if there is nausea.
- Rome IV criteria is used to diagnose which symptom?





Thank You

