Palliative Care and the Pulmonary Patient

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Disclosures

*The presenter has no relevant financial relationships to disclose.*
Goals for today’s session

- **Explore the overlap between palliative care and pulmonary rehabilitation**
- **Review resources appropriate for palliative care in pulmonary patients**
- **Discuss the unique roles of the expanded interprofessional team**
QUESTION:
Do you know your closest pulmonary rehabilitation staff members?

OR

Do you have experience in collaborating with pulmonary rehabilitation in the care of your palliative care patients?
Why Pulmonary Rehab?

Reverse the cycle of deconditioning

- Weak, out of shape muscles require more oxygen
- Toned and strong muscles use less oxygen
- Exercise helps decrease the demand on the lung by toning muscles

ADL = activities of daily living
<table>
<thead>
<tr>
<th>Aspects of Care</th>
<th>Pulm Rehab</th>
<th>PC</th>
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<tbody>
<tr>
<td>Holistic approach</td>
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<td>Interdisciplinary approach</td>
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<td>Patient centered</td>
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<td>Based on patient preferences</td>
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<tr>
<td>Family Support</td>
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<tr>
<td>Focus on Disease modification</td>
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<td>Principles applicable throughout disease</td>
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<tr>
<td>Focuses on Symptom Mgt and QOL</td>
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<td>Focuses on Maximizing Functional Status</td>
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<tr>
<td>Promotes Self Management Strategies</td>
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<tr>
<td>Psychological support</td>
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<tr>
<td>Bereavement counseling</td>
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<td>+++</td>
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<tr>
<td>Formal exercise training</td>
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<td>Promotes advance directives</td>
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<tr>
<td>Spiritual Dimension</td>
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Retiker, CRD 2012
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- Explore the overlap between palliative care and pulmonary rehabilitation
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Question:

What self-care strategies do you see patients using to manage their shortness of breath?
What Things Do You Do to Manage Your Shortness of Breath? (Male 67y)

- Talk to a Friend
- Pursed lips breathing
- Listen to Music
- Exercise
- Get Cool
- Go Driving
- Take a Shower
- Shop
- Walk in the zoo
- Sleep
- Read
- Go Fishing
- Get on Internet
- Take Meds
- Write
- Watch TV
- Take Vitamins
- Cook
- Pray
- Meditate
# Self-Care Strategies for Managing Dyspnea Reported by Patients

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<td><strong>PHYSIOLOGICAL</strong></td>
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<tr>
<td>Breathing strategies</td>
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<tr>
<td>Drink Fluids</td>
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<td>Exercise</td>
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<td>Positioning</td>
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<td><strong>SOCIAL/ENVIRONMENTAL</strong></td>
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<tr>
<td>Activity modification/energy conservation</td>
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<td>X</td>
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<tr>
<td>Change living arrangement</td>
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<td>Distancing from triggers</td>
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<tr>
<td>Fresh air</td>
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<tr>
<td>Social support</td>
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<td>Self-isolation</td>
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<td><strong>COGNITIVE/BEHAVIORAL</strong></td>
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<td>Self-monitoring</td>
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<td>Home remedies</td>
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<td>Distraction/diversion</td>
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<td>Imagery</td>
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<td>Meditation/prayer</td>
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<td>Music, TV</td>
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<tr>
<td>Relaxation</td>
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<td>Self-talk</td>
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<td>X</td>
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<tr>
<td>Forget about it, ignore it</td>
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<tr>
<td>Positive attitude</td>
<td>X</td>
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<tr>
<td>Accept situation</td>
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Symptom Management: Dyspnea

- Oxygen
- Opioids
- Benzodiazepines (not 1st line)
- Nebulizer
- Fan
- Pulmonary Rehabilitation
- Breathlessness Intervention
- Acupuncture/acupressure
- Exercise/Yoga/Tai Chi
- Education
- Posture
- PLB
- Spinal movement
- Abdominal breathing
- Pacing
- Relaxation/MBSR
- Biofeedback
- CBT
- Music
- Chest wall vibration
- Non-invasive ventilation

Question:

What published, online or support resources do you recommend for your patients with lung disease?
Resources for pulmonary patients


This official workshop report of the American Thoracic Society (ATS) was approved by the ATS Board of Directors, June 2013

Patient Information Series

Sudden Breathlessness Crisis
Dyspnea Crisis

Definition:

sustained and severe resting breathing discomfort that occurs in patients with advanced, often life-limiting illness and overwhelms the patient and caregivers’ ability to achieve symptom relief.

Converging factors:

• Worsened dyspnea
• Overwhelmed caregiver/Environment
• Psychosocial/spiritual patient response

From ATS Dyspnea Crisis workshop report, 2013
**Sudden Breathlessness Crisis**

- **C**: Call for help. Calm the person.
- **O**: Observe the person closely. Evaluate how severe their shortness of breath has become.
- **M**: **Medication** like morphine, inhaled bronchodilator and/or medication for anxiety may help.
- **F**: Fan to create air movement on the face. Open a window. Cool the room.
- **O**: **Oxygen**. Increase the amount of oxygen or give oxygen if ordered.
- **R**: Reassure. Help the person relax, provide reassurance.
- **T**: Take your time, don’t rush.
Patient Education for Dyspnea Crisis

- Causes and triggers
- Signs and symptoms indicating crisis
- Measurement of intensity and affective response
- Breathing retraining
- Attention and distraction strategies
- Oxygen, ventilation, and/or fans
- Written action plan
- Stepwise titration regimens

From ATS Dyspnea Crisis workshop report, 2013
DYSPNEA CRISIS:

What you can do

- CALL for help
  Calming voice and approach amongst patient and caregivers

- OBSERVE closely and assess dyspnea for ways to respond

- MEDICATIONS to be tried
  (recommendations from providers for opioid/other use)

- FAN face may decrease shortness of breath

- OXYGEN therapy as previously found useful

Your Doctor’s customized treatment plan

- REASSURE and use relaxation techniques

- TIMING interventions to reduce dyspnea. Work together. Reassess. Repeat.

Goals for today’s session

- Explore the overlap between palliative care and pulmonary rehabilitation
- Review resources appropriate for palliative care in pulmonary patients
- Discuss the unique roles of the expanded interprofessional team
Question:
When caring for patients with pulmonary disease, what interprofessional team members could be helpful in addition to the 4 core disciplines of PC?
Interprofessional Team

- RN
- MD
- Pharmacist
- Respiratory Therapist
- Physical Therapist
- Occupational Therapist
- Speech Therapist
- Interpreter
- Administrator

- Chaplain
- Social Service
- Nutrition
- Psychologist
- Patient
- Caregiver
- Dental Hygienist
- CNA/MA
Take Home Points:

1. **Pulmonary rehab is a resource for symptomatic patients with lung disease**
2. **Let patients teach you what works best for them (and then reflect it back to them)**
3. **Use COMFORT mnemonic to support patients whose dyspnea overwhelms them**
4. **Use the extended interprofessional team**
Thank you

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