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The Palliative Care Handbook

Guidelines for clinical management and symptom control, featuring extensive support for advanced dementia

Rod MacLeod
Stephen Macfarlane

Palliative care emergencies

Haemorrhage

Haemorrhage is distressing for all concerned and should be treated with urgency.

- in many situations, the sight of blood is indicative of impending death and many patients and families experience a significant increase in anxiety - use red towels if possible
- staff are often alarmed by haemorrhage, as they often feel helpless to 'do' anything to prevent it
- anticipation of bleeding is sometimes possible and can be discussed with the patient and family

Management

If the patient has been taking warfarin stop it and consider reversal with fresh frozen plasma or vitamin K. If taking other anticoagulants e.g. enoxaparin or dabigatran stop them; consult a haematologist as not reversed by vitamin K.

Haemoptysis/ENT cancers

- mild
  - reassurance
- moderate
  - radiotherapy
  - bronchoscopy if appropriate
  - laser treatment if appropriate
- severe and rapid
  - subcut midazolam and/or morphine
  - have someone stay with the patient
- severe and slower
  - suction if appropriate
  - physical touch (reassures patient)
  - drugs as for severe and rapid
- other drug therapy
  - tranexamic acid 1 to 1.5 g po 2 to 4 times daily (inhibits plasminogen activation and fibrinolysis)
  - sucralfate for oral bleeding

Upper gastro-intestinal tract

- minimise causes e.g. discontinue NSAIDs
- treat gastritis and peptic ulceration
  - drug therapy (perhaps parenterally)
    - proton pump inhibitor e.g. pantoprazole
    - H2 antagonist e.g. ranitidine
- radiotherapy and/or surgery may be appropriate

Lower gastro-intestinal tract

- radiotherapy and/or surgery may be appropriate
- drug therapy
  - tranexamic acid rectally
  - rectal steroids e.g. hydrocortisone rectal foam

Haematuria

- may occur with infection so check and treat if appropriate
- radiotherapy may help if tumour is present in the urinary tract
- endoscopic surgery may be appropriate
- drug therapy
  - tranexamic acid orally (as before)

Vaginal

- often due to infection so treat with antifungals and/or antibiotics
- palliative radiotherapy may help

Spinal cord compression

This is a relatively uncommon problem that requires urgent and effective management.

- it is one of the true medical emergencies in palliative care
- once paralysed 95% will not walk again

Symptoms

- pain (usually before neurological symptoms)
- weakness especially of lower limbs
- sensory disturbance
- loss of sphincter control

Management

- urgent assessment
  - history and clinical findings
  - MRI examination
- referral to radiation oncology is usually most appropriate
- as soon as the diagnosis is made or suspected
  - dexamethasone 16 mg daily, for a few days then tapered down according to symptom response
  - radiation therapy should be given concurrently

Decompressive laminectomy is rarely undertaken but should be considered as an option.