

Pain and Dyspnea Control of Palliative Patients in the Emergency Department

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Background

- ❖ The number of patients with serious, life-limiting illnesses presenting to emergency departments (ED) are expected to rise. ¹
- ❖ Pain and dyspnoea are some of the most frequent reasons for patients with advanced cancer presenting to ED. ²
- ❖ Early integration of palliative care into ED practice has been shown to improve quality of life of patients with optimal comfort measures and symptom control. ¹
- ❖ Opioids are effective in treating symptoms of dyspnoea and pain. ³
- ❖ However, in a retrospective study conducted in a Singapore ED of patients who demised within 48 hours of registration, dyspnoea was the most common presenting symptom but opioids (Fentanyl or morphine) were only administered in 22% of patients. ⁴

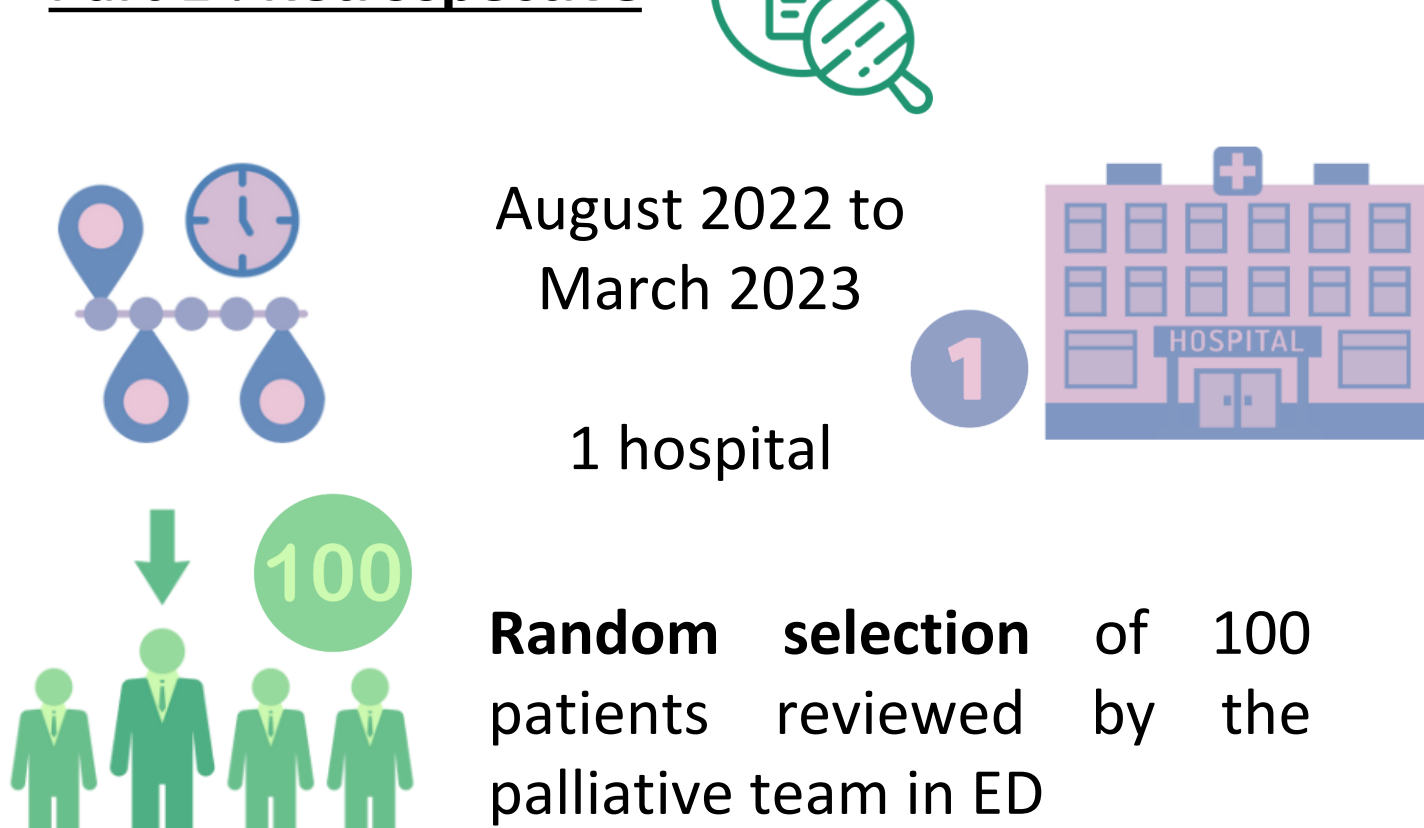
Objective

Aims:

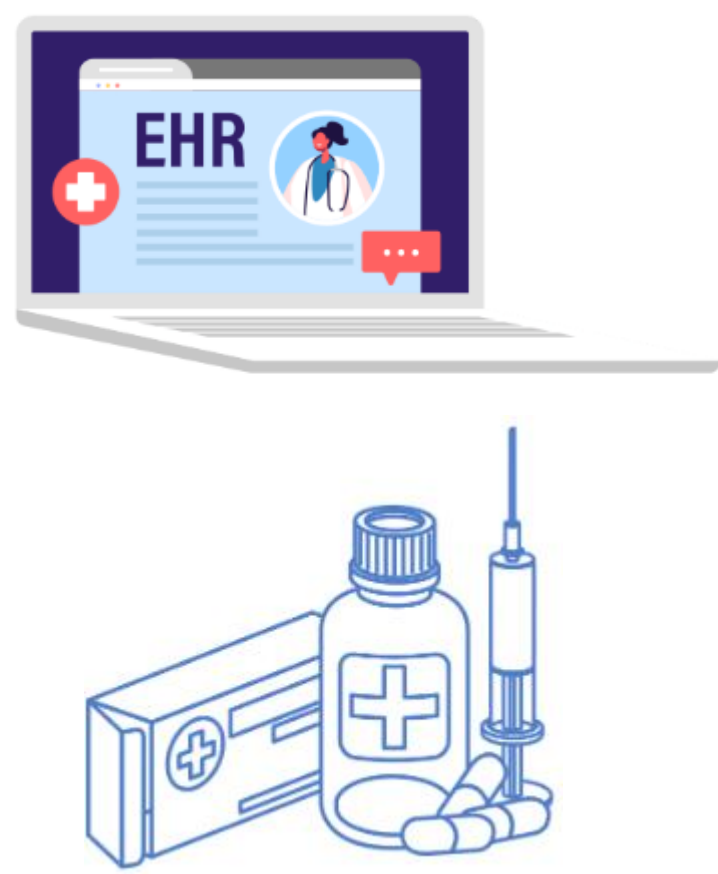
- 1) To review the prevalence patients in the ED with documented pain and dyspnoea who were given medications to control the symptoms.
- 2) To survey ED doctors and nurses on the barriers to prescribing opioids to this group of patients.

Methodology

Part 1 : Retrospective



- Electronic records reviewed for documented pain or dyspnoea and if any medications were given
- Medications include opioids (Tramadol, Oxycodone, Morphine, Fentanyl) or NSAID or paracetamol



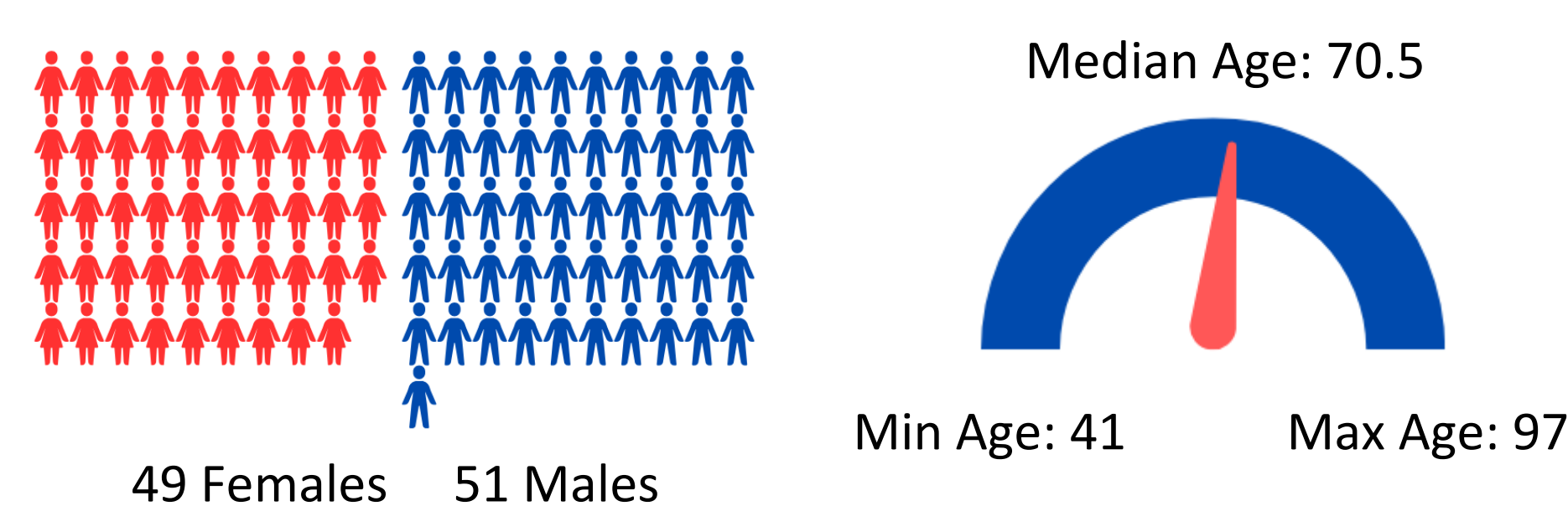
Data analysed using descriptive statistics

Part 2 : Survey

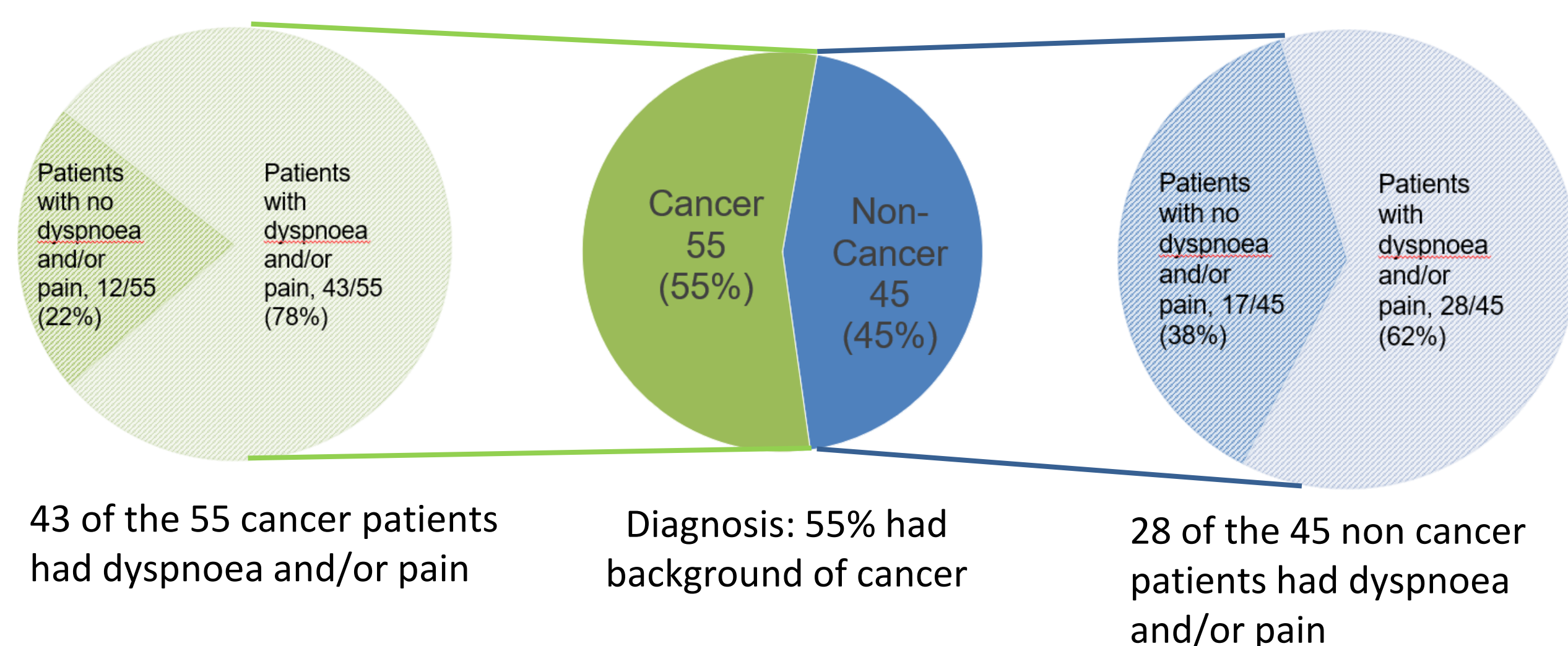


Results (Part 1: Retrospective)

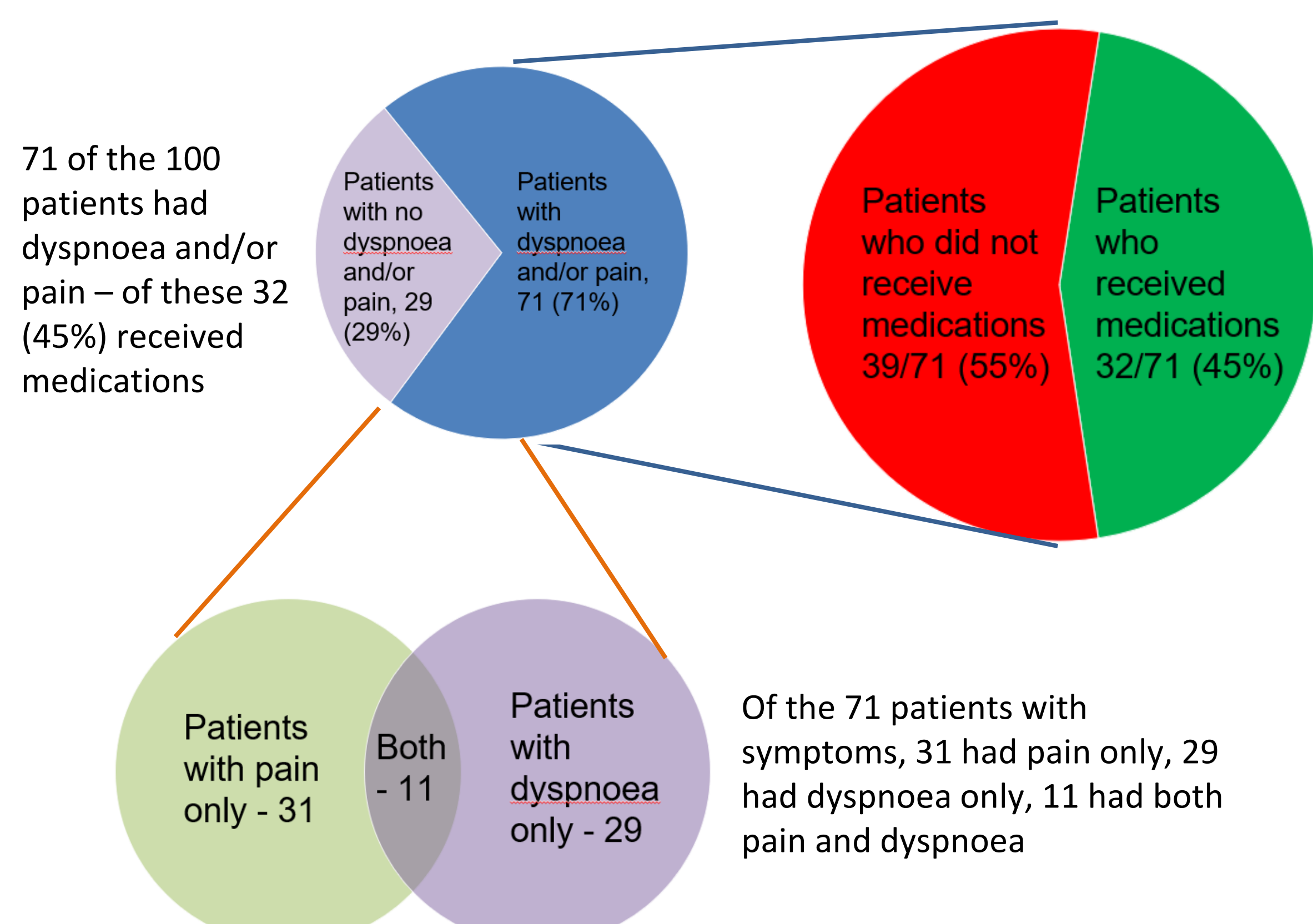
1. Demographics



2. Diagnosis and symptoms

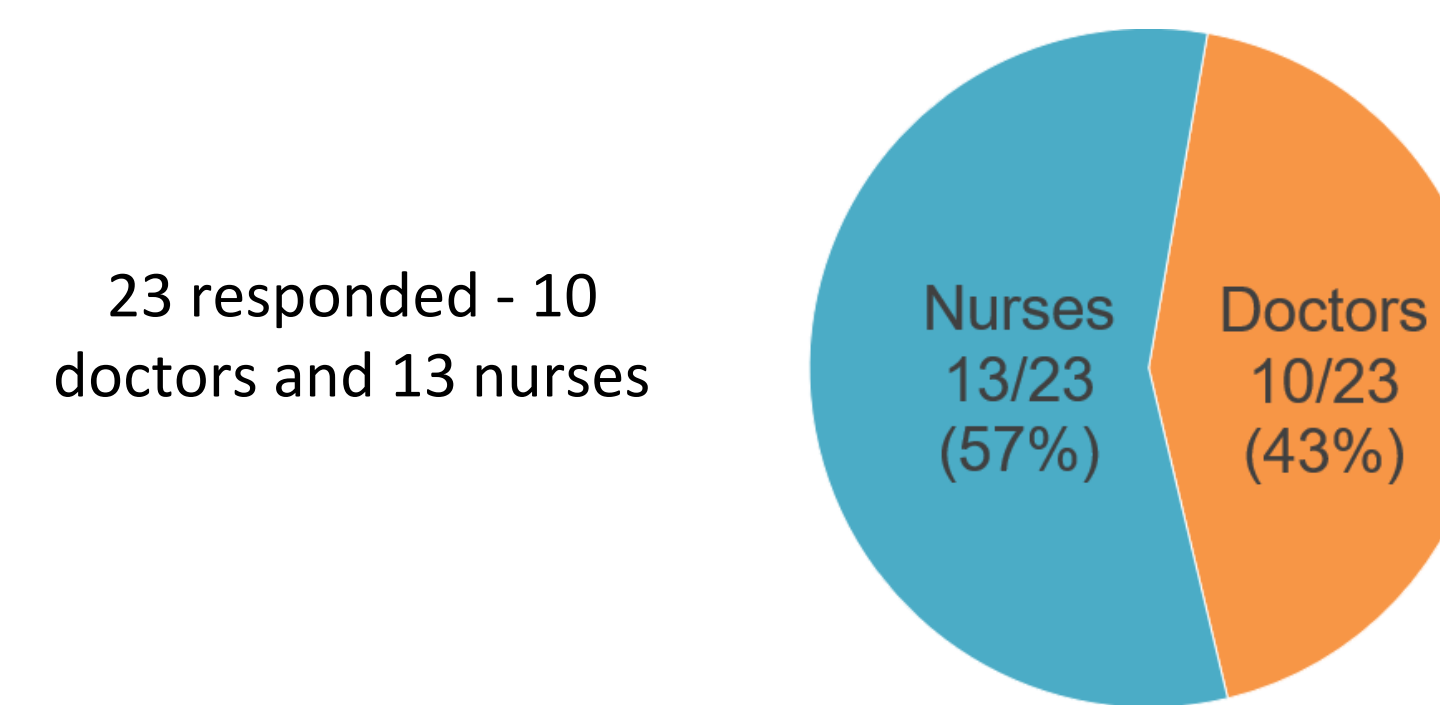


3. Prevalence patients in the ED with pain and dyspnoea who were given medications

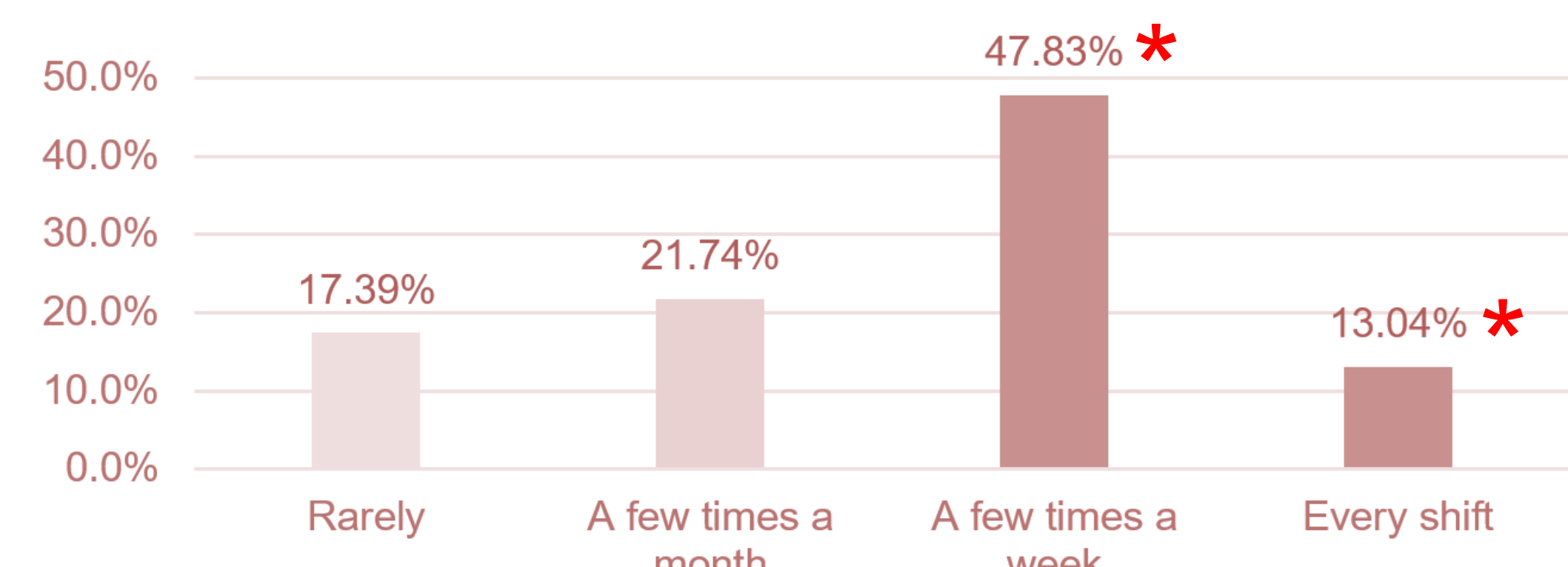


Results (Part 2: Survey)

1. Demographics

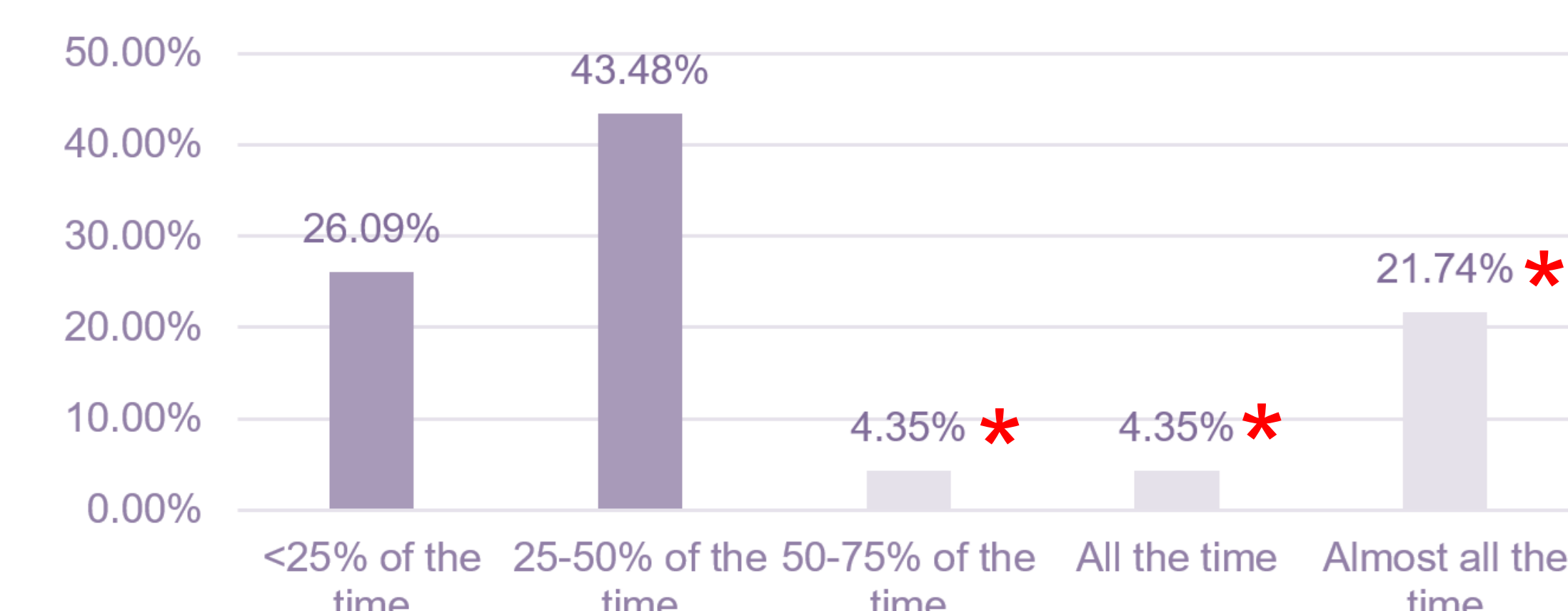


2. Frequency of Encountering Palliative Care patients



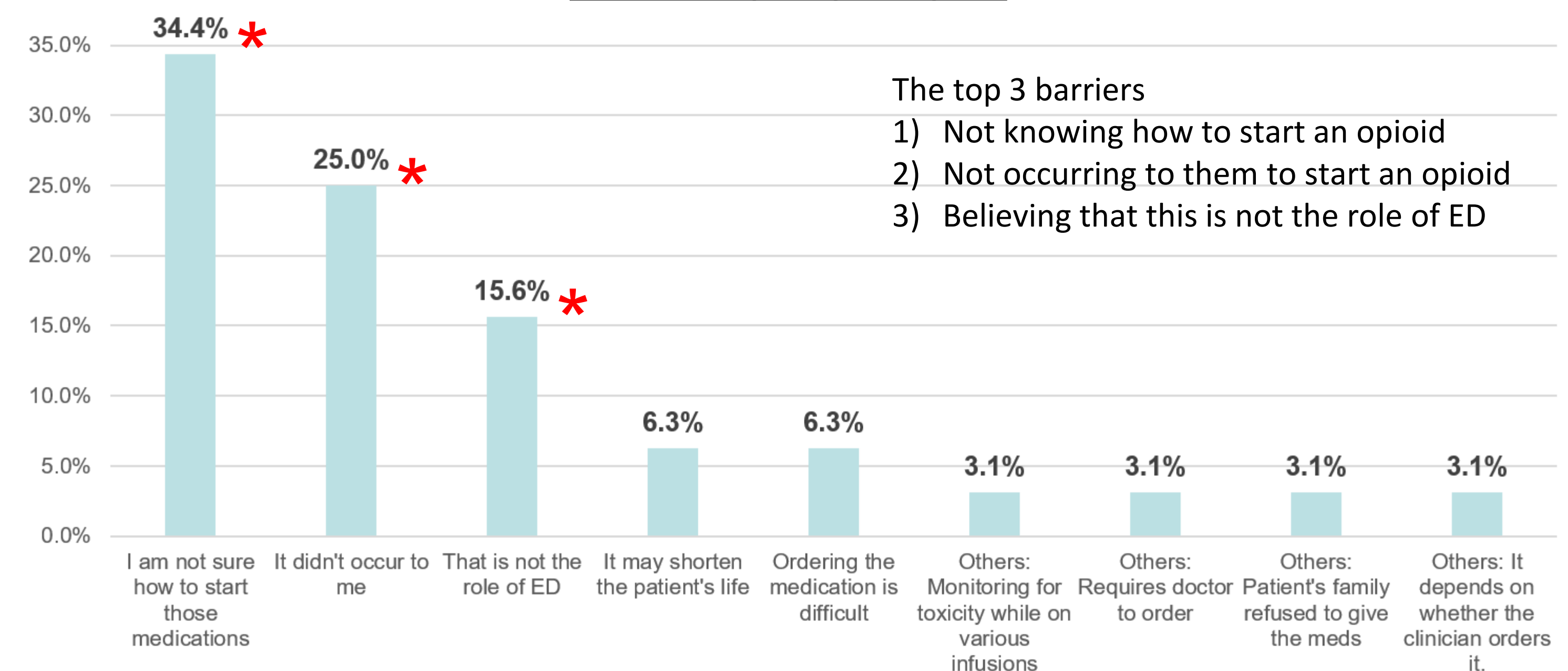
Around **60%** of them encountering palliative patients at least a few times weekly.

3. Frequency of Starting Symptomatic Medications for Palliative Patients with Pain or Dyspnea



However, only around **30%** order medications most of the time (i.e. ≥50-75%)

4. Barriers to opioid prescription



5. Suggestions to improve barriers

- ❖ IT – Order sets and templates
- ❖ Education - Screening by seniors of symptomatic cases where medications should be initiated, education of rotating doctors and nurses, flowcharts that are easy to refer to and guidelines, Palliative team involvement in ED
- ❖ Operations - expedition of inpatient beds for palliative patients

Discussion

Discussion 1:

- In our study, approximately 71% of palliative patients who presented to ED had pain and/or dyspnoea, of which only 45% received medications.
- While this is better than 22% in the literature ⁴, possibly due to our Palliative-ED collaboration and ease of referral, it is still far from ideal.

Discussion 2:

- Only about 30% of clinicians order medications most of the time.
- The barriers to starting an opioid appears to be an issue of knowledge deficit and attitude of ED practitioners and not due to a lack of awareness on the presence of symptoms.

Limitations of Study

- Single center
- Small study population

Conclusion

- Pain and dyspnoea are common symptoms that palliative patients present with, but >50% of them do not receive medications for their symptoms.
- This study has elucidated some barriers to opioids prescription.
- The results of the study can guide future efforts to improve symptom control of palliative patients in the ED, such as designing order sets and templates, guidelines and education materials.

References

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4. Goh JL, Jaffar JLY, Xu H, Lum VWM. A retrospective study on end-of-life care in the emergency department of a tertiary hospital in Singapore. Proceedings of Singapore Healthcare. 2021;30(2):138-144.