

Community palliative medicine with nursing interventions

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Abstract

The article illustrates and describes about palliative medicines, focusing on the pharmacological and non-pharmacological remedies applicable, anticipating through nursing intervention that can be followed in the form of standing orders depending on the situation and condition of the patient.

Method: Short Communication on clinical aspects

Results: The article illustrated the aspects of palliative medicine with terminal care that allows to proceed with simple nursing interventions that can be carried out by nursing personnel on her observation and condition of the patient.

Conclusions: The two aspects of health signifies, promoting health and on the other side evolve to accept the patients' health condition for a peaceful end of life.

Keywords: palliative, NSAID's, DNR, complementary therapy

Introduction

The word palliative definitely, has been specified to mould the health care in a soft core. As we understand that palliative care is meant for terminally ill patients. Therefore, along with the care the medicines that have a vital role in curing and restructuring the health parameters are essential. This process focus on symptoms rather than life prolongation if there is absence of possibility of cure.

Description

Viewing the concept of palliative medicine from nursing perspective, that are termed to be cautious drugs are to be handled and managed efficiently to revive the health status of the individual. Nevertheless, briefing about the palliative

medicines, majority prescribe analgesics, corticosteroids etc...along with the therapy that is included in their treatment regimen. From Nursing, perspective palliative care acquires a major role; Since, the scope is yet to be widened on an enormous technicality of community based.

Palliative care applies the principle of spectrum of health, wherein the highest focus of achievement is health

Palliative medicines are provided to patients of any age group, but the aspect for care, dosage and approach required differs for a child and adult. Although, the area of care provision can be a hospital, home or hospice.



Fig 1: Spectrum of Health

Hospital

A place where medication and complete care are provided with the involvement of health team members and the patients relatives. Certain hospitals, provide resident facility to family members that allows the approach to the patients at the easiest.

Counselling plays a major role in palliative medicine, Since an open environment for communication is provided to ventilate their emotions and this allows the family members to be supported mentally, emotionally, spiritually. As, most of the hospitals have clergy in their health team their spiritual needs are also met.

Home

This is mainly applicable for children, they cope better with medicine and care among their beloved. Although, parents anxiousness are taken care by the health team members, with their exarbernt quality of comprehensive care.

Hospice

This is the place where most of the terminally ill patients who are bed ridden are taken care, in order to have a recovery process or peaceful death. This place also consist of health team members, with residential facilities.

Handling, the patient and the family with holistic approach plays a major role.

Along with the palliative medicine, in certain countries, Euthanasia or mercy killing is agreed, and many countries follow the Do not resuscitate (DNR) on patients family consent.

There are instances that even social aspects play role in palliative medicine, this can be viewed with the social support in the form of psychological and financial support. The combination of psychological, social, emotional and spiritual support regardless of the death and dying situation, helps to provide promotion of optimal functioning and quality of life.

Palliative medicine is applicable for all kind of terminal illness, this includes not just cancer, any immunocompromised conditions.

The non-pharm logical measures along with Palliative medicine-relaxation techniques, massage, breathing exercises, oxygen therapy, positioning, calming techniques, diversional therapy acts as complementary to the treatment stage.

Nursing interventions during palliative treatment regimen along with the relatives involvement that are Simple and applicable for practice are highlighted in the table.

Chemotherapeutic drugs- e.g. Methotrexate, Treosulfan, Streptozocin

Table 1

| Side effects | Nursing Intervention |
|---|---|
| Gingivitis Stomatitis | <ul style="list-style-type: none"> ▪ Assess for mouth ulcers ▪ Avoid extreme cold and hot fluid ▪ Avoid spices and citrus fruits ▪ Ensure soft tooth brush |
| Photosensitive Rashes Phlebitis and burning vein | <ul style="list-style-type: none"> ▪ Prevent light interaction with medicine (methotrexate) ▪ Assure patient that rashes heal topical application of Vaseline burning veins relieved by slow infusion of medication, ice pad application and frequent flush to maintain patency |
| Diarrhoea, Dehydration Hypoglycaemia Diarrhoea | <ul style="list-style-type: none"> ▪ Antidiarrheal drug, hydrate frequently to restore fluid and electrolyte balance ▪ Maintain I/O chart ▪ Restore glucose with diet than IV fluids and medications ▪ Moist lips, eyes |
| Alopecia | <ul style="list-style-type: none"> ▪ Assure client hair regrowth after treatment regimen ▪ Alopecia-wig, advise against hair colour, specific hair dresser since he will cooperate with the health condition |
| BMD: Anaemia, Thrombocytopenia Leukopenia | <ul style="list-style-type: none"> ▪ Assess for pallor, shortness of breath, blood count, pack cells, ▪ Regular swabs to prevent infection ▪ Stay away from infectious patients ▪ WBC monitoring ▪ Reverse barrier nursing |

MDR drugs-Rifampicin, Streptomycin, bed aquiline etc.

Table 2

| | |
|------------------------|---|
| Ototoxicity | <ul style="list-style-type: none"> ▪ Assess for hearing with tuning fork and other devices like portable audiometer |
| Neuropathy | <ul style="list-style-type: none"> ▪ Treated with simple vitamin supplement pyridoxine |
| Respiratory Secretions | <ul style="list-style-type: none"> ▪ Closed suctioning if patient unable to excrete sputum (tracheostomy) ▪ Frequent culture swabs to know the effectiveness of treatment |

Note: MDR patients on tracheostomy require separate room / cubic

To combat the side effects the drugs that helps to resolve the circumstances

▪ **Opioids**

applicable for moderate to severe pain and acts as a sedative. Along with these dietary regimen is must, as opioids cause constipation. Therefore, breathing exercises and bowel protocol are initiated. Liquid and bland diet are indicated depending on the patients' health condition. e.g. Morphine and Naloxone (neonatal asphyxia)

▪ **Analgesics-NSAIDs**

(Non-Steroidal Anti-inflammatory drugs) are administered to control inflammation and relieve discomfort, e.g. Ibuprofen, topical application with ice pad for vein to relax the burning sensation of medications and flush the vein to maintain patency.

▪ **Antidepressant**

To relieve anxiety and depression during the treatment phase antipsychotic drugs are administered e.g.

Haloperidol, Cautious as this is contraindicated for patients with history of heart disease, diazepam/olanzepam act as sedative and antidepressant whereas, buspirone is an anxiety drug that's non sedative

▪ **Anticonvulsant**

Prevent convulsive stage associated with patient's history or medicines that has tendency to cause convulsion during the treatment regimen. e.g. Gabapentin, chlorpromazine

▪ **Corticosteroids**

Chronic ailments to prevent any infection although long term is not advised since, that profanes from building immunity. e.g. betamethasone, Hydrocortisone, dexamethasone

▪ **Oxygen therapy**

combat cell enhancement, this is the most effective to heal any integumentary disorder that's cost effective and protein diet acts as a support for skin reformation and must for respiratory disorders

The areas that are usually focused while persisting treatment with palliative medicine

Emotional

Counselling and a listening ear to patients and relatives plight with a helping hand relieves them of anxiety and depression and ensures for family support.

Physical

Their self-image might be disturbed due to certain abnormal growth, therefore, insisting them to divert their mind with certain activity that is possible for them to do is advised, if bed ridden passive exercises are encouraged and thought to relatives that prevents bed sores and improves blood circulation by change of position.

Family

They are the major social support during palliative treatment and coping with the situation is possible only with positive attitude towards the situation by accepting the reality.

It's a must that patients who are children require additional care since, they shouldn't be deprived of their vaccines, as they require micronutrients for the wear and tear of their muscles. Therefore, vitamin supplementations included in the regimen should be administered, for preventing anaemia and worm infestation among children and adult mebex and albendazole are administered respectively.

Conclusion

Patients undergoing treatment with palliative medicines are sensitive during their treatment process, a positive attitude with supporting family and health team helps to find ways to overcome their barriers to promote their health and at times making patient and relatives accept the fact to have a peaceful end of life.

References

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4. Note: The author has presented the article based on the practises she applied while working in clinicals. Therefore, only two bibliography pertaining to the concept of the article.