

Evaluation of Palliative Care Patients Admitted to the Emergency Department

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Abstract

Introduction: Palliative care is a multidisciplinary approach that should be applied to relieve the remaining physical, social, psychological and mental problems of the patients who have a progressive and untreatable disease to live the remaining time comfortably. Our aim is to examine the patients, who are in need of palliative care and admitted to the emergency department, to determine the diagnosis of the patients, the reasons of applications to the emergency services and to show how the emergency services can contribute to the solution of the complaints of palliative care patients.

Methods: In accordance with this purpose, 184 patients who were admitted to Haydarpasa Numune Training and Research Hospital Emergency Medicine Clinic between January 2017 and March 2018 and who needed palliative care as a result of the evaluations were included in the study. The aim of this retrospective study was to provide a more effective and accurate approach to palliative care patients who applied to the emergency department.

Results: Palliative care patients, many of whom are dependent on another person, when they are considered to be in need of urgent care and symptomatic treatment, should be treated with care and attention in small palliative care units of the emergency services.

Discussion and Conclusion: To provide better palliative care, we can determine palliative care as a new side of the emergency department. In addition, opening a palliative care policlinic in the emergency department and increasing the quotas of palliative care services can be evaluated for this purpose.

Keywords: Emergency department; emergency; palliative care; palliation.

Emergency departments are frequently used in acute illnesses, injuries, social disasters and acute exacerbations of chronic diseases and they are open 24/7. In recent years, many patients who need palliative care (PC) are admitted because of the easy access to emergency services and uninterrupted service. According to the World Health Organization (WHO), palliative care is an approach to improve the quality of life of patients who have a life-threatening disease and their relatives. Palliative care aims at early detection and treatment of phy-

sical, psychosocial and mental problems, including pain [1]. Our aim is to examine the patients, who are in need of palliative care and admitted to the emergency department, to determine the diagnosis of the patients, the reasons of applications to the emergency services and to show how the emergency services can contribute to the solution of the complaints of palliative care patients. In light of this information, recommendations have been made to provide more effective palliative care in emergency departments.

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Materials and Methods

This retrospective study was carried out from the records of the patients who applied to our hospital's emergency department between January 2017 and March 2018. One hundred eighty-four patients who applied to the emergency medicine clinic and who needed palliative care as a result of the evaluations were included in this study. In this study, the files of both the emergency service and the palliative care service were examined. Patients' age, diagnoses, chronic diseases and complaints, which cause patients to admit to the emergency department and their status after the emergency service evaluation were recorded. In light of these data, the diagnoses of the patients in need of palliative care, the reasons for applications to the emergency services and the rate of hospitalization from the emergency department to the palliative care service were investigated. The patients with fever or proven infection, the patients in need of antibiotics, the patients with febrile or afebrile neutropenia after chemotherapy, the patients with electrolyte imbalance and the patients who have a chronic disease with a newly identified organic pathology were excluded from this study. Only one of the multiple applications of recurrent arrivals for palliative care was included in this study.

We noted the patient's name, age, complaints, and the diagnoses they received. We determined the problems of nutrition, pain, general condition disorder, PEG (percutaneous endoscopic gastrostomy) problems, shortness of breath, bedsores, and tracheostomy problems as admission to the hospital. At the end of this study, we found that two patients had hiccups, and one patient required continuous aspiration. We put the patients into the neurological disease category who had a disease, which needed to be followed by neurology, such as Parkinson, Alzheimer's, stroke, dementia, ALS (Amyotrophic Lateral Sclerosis), cerebral palsy, DMD (Duchenne Muscular Dystrophy) and Guillain-Barre syndrome. We put the patients to the cardiac disease category who had congestive heart failure, coronary artery disease, and other cardiac diseases. Our other categories were CKD (Chronic Kidney Disease) and (COPD) Chronic Obstructive Pulmonary Disease. Except for these diagnoses, we found that one patient with schizophrenia needed palliative care.

Results

One hundred eighty-four patients who were admitted to Haydarpasa Numune Training and Research Hospital Emergency Medicine Clinic between January 2017 and

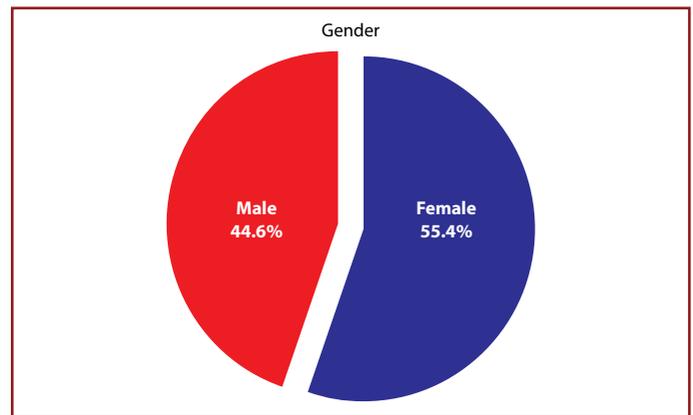


Figure 1. Distribution of the patients by gender.

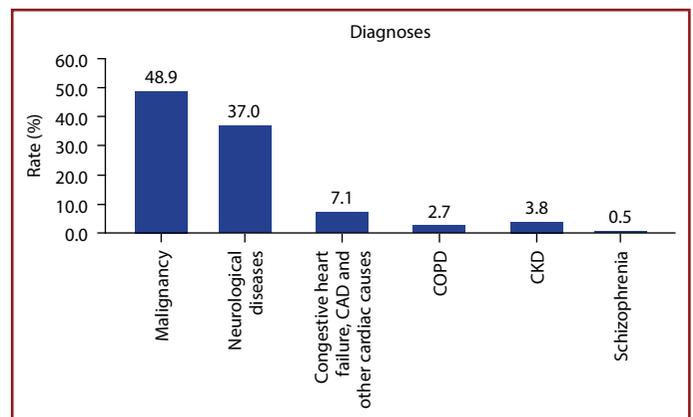


Figure 2. Diagnosis of the palliative care patients admitted to the Emergency Department.

March 2018 and who needed palliative care as a result of the evaluations and who were hospitalized in the palliative care service or who could not be hospitalized because of the fullness of the service were included in this study. Eighty-two (44.6%) of these patients were male, and 102 (55.4%) of these patients were female (Fig. 1). The youngest patient was a 22-year-old patient with cerebral palsy and the oldest patient was a 95-year-old dementia patient. The average age of the patients was 71.13 ± 15.22 .

Among the 184 patients who needed palliative care, 90 (48.9%) patients were diagnosed with malignancy, 68 (37%) patients had neurological diseases, 13 (7.1%) patients had cardiac diseases, seven (3.8%) patients had CKD (Chronic Kidney Disease), five (2.7%) patients had COPD (Chronic Obstructive Pulmonary Disease), and only one patient (0.5%) has schizophrenia (Fig. 2).

Among the 184 patients who admitted to the hospital for palliative care, 94 (51.1%) patients had complaint of malnutrition, 32 (17.4%) patients had complaint of pain, 23 (12.5%) patients had complaint of general condition

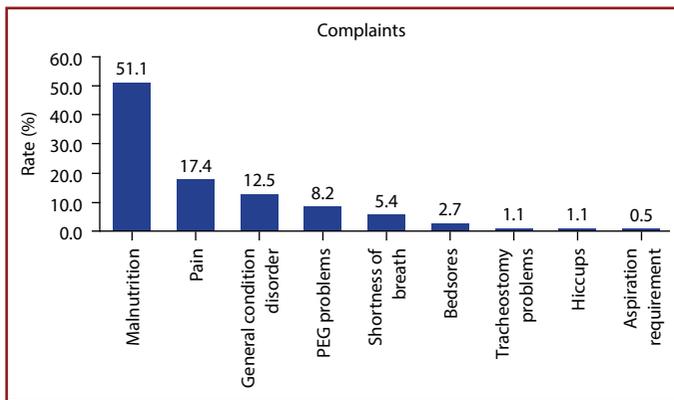


Figure 3. Complaints of the patients admitted to the emergency department.

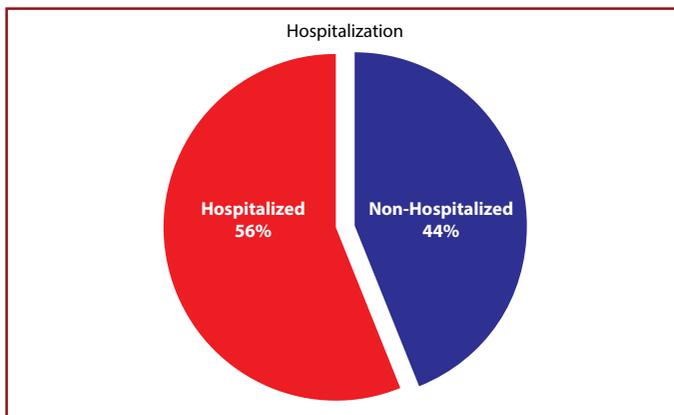


Figure 4. Hospitalization rates of the patients.

disorder (weakness and fatigue), 15 (8.2%) patients had complaints about PEG (such as PEG insertion, leakage from PEG, PEG dislocation), 10 patients (5.4%) had complaint of shortness of breath, five (2.7%) patients had complaint of bedsores, two (1.11%) patients had complaints about tracheostomy, two (1.11%) patients had complaint of hiccup and only one (05.%) patient has complaint of continuous aspiration (Fig. 3).

Only 103 (56%) of the 184 patients who needed palliative care were hospitalized in the palliative care service of our hospital. The remaining 81 (44%) patients could not be hospitalized because there was not any empty room in the palliative care service. Some of the patients who were not hospitalized to the palliative service were hospitalized in the related branches of the hospital and some of them were followed up for 24-48 hours and discharged (Fig. 4).

Discussion

As in the rest of the world, the population has been aging, and the life expectancy has been increasing in recent years. However, the need for palliative care increases with the in-

crease of non-contagious diseases and the aging population. Every year, 40 million people are in need of palliative care around the world, and 78% of the people live in low- and middle-income countries [2, 3]. Worldwide, only 14% of the people who are in need of palliative care are currently receiving palliative care [2, 3]. It is almost obligatory to apply for a non-emergency patient group like that because of the increase in the number of palliative care patients and 24 hours uninterrupted, continuous service of emergency services.

In our study, malignancies were the first in the patient group who needed palliative care (Fig. 2). Stomach, colon, pancreas, lung, breast, prostate and brain cancers are more common, but larynx, tongue, skin cancers and hematological malignancies can also be seen. This ratio may vary for the hospital's current clinics. In our study, neurological diseases are in second place after malignancies (Fig. 2). There were 38 dementia, Parkinson's disease and Alzheimer's disease patients in the neurological diseases group and we evaluated these three diseases in the same category. There were 19 stroke patients, five cerebral palsy patients, three ALS patients, 2 Duchenne muscular dystrophy patients and only one patient with Gullian-Barre syndrome. Neurological diseases constitute a large group of diseases and with the increase of life expectancy, diseases that have increasing frequency with age, increase, such as strokes, Alzheimer's and dementia.

The scarcity of patients with heart failure, shortness of breath, COPD (Chronic Obstructive Pulmonary Disease) and lung cancer among the patients who needed palliative care and admitted to the emergency department of our hospital can be explained by the lack of chest diseases and cardiology services in our hospital. Thus, these patients prefer the emergency department of the hospital where they are usually treated and followed.

The emergency department physicians try to resolve the symptoms of this group of patients, in the intensity and chaotic situation of the emergency department, who need a multidisciplinary approach and try to produce solutions for their complaints [4]. However, differences in patient approach and management of the palliative care patient in the emergency department may occasionally put emergency physicians down. Among these, the symptom-oriented and relatively rapid approach in the emergency department comes at first, and this is not always consistent with the patient-focused palliative care approach. Palliative care is a multidisciplinary approach that should be applied to relieve the remaining physical, social, psychological and mental problems of the patients who have a progressive and untreatable disease

to live the remaining time comfortably. However, the noisy, crowded and complex structure of the emergency department may cause problems for palliative care patients and relatives and cannot respond to all of these needs. Considering the current psychological status of the relatives of the patients in this process, the problems, such as extended waiting hours in the emergency room, giving priority to emergency cases, waiting for examinations may bring about a significant source of stress for patients and their relatives.

Palliative care patients may have problems, such as comprehensive wound care for bedsores, plastic surgery vision, wound debridement in case of necessary, hyperbaric oxygen therapy and sugar level regulation in the presence of diabetes, which cannot be solved within hours in emergency service. At the same time, the presence of the patients who need PEG (Percutaneous Endoscopic Gastrostomy) and current PEG problems require an endoscopic evaluation and gastroenterologist's opinion. It is not possible to provide these facilities in the cases mentioned above that do not require emergency intervention in the emergency department. In the case of malnutrition, total parenteral nutrition may be required for a long time, and this practice has no place in the emergency department.

Intravenous analgesics and narcotic drugs in case of necessary are provided to palliative care patients who are admitted to the emergency service with severe pain. In fluid-electrolyte imbalance and dehydration, this requirement can be eliminated with intravenous fluids at reasonable time periods and patient's nausea and vomiting can be treated with antiemetic drugs. Patients who apply for deep tracheal aspiration from time to time are aspirated and their relatives are informed.

Most importantly, palliative care, which requires a multi-disciplinary approach, involves physicians and nurses in the core team and requires a working system for patient's needs that can accommodate many different units from different branches of physicians, nutritionists, religious officials, social services experts [5]. It is very important that the emergency service team is trained in this field.

In our study, 103 of the 184 patients who were planned to be hospitalized were hospitalized and 81 of them could not be hospitalized because the palliative care service was full. There will be an increase in the number of this patient group in the coming years. Thus, the national health system and hospitals need to have action plans related to palliative care patients.

As a result, small palliative care units can be designed in emergency departments in different areas from emergency patients and these palliative care patients can be isolated from other patients. Palliative care patients, many of

whom are dependent on another person, when they are considered to be in need of urgent care and symptomatic treatment, should be treated with care and attention in these small palliative care units of the emergency services. It should be considered that the evaluation of these patients and their response to treatment may take longer than the other patient groups. Considering the increasing number of patients, it is necessary to have a plan for the palliative care practices of each emergency department. Palliative care may be considered to be one of the side branches of emergency medicine to have a more effective and correct approach to palliative care patients who admitted to the emergency department. Patients can be evaluated and responded to their needs with a more trained team in palliative care units to be established in emergency departments. Besides, palliative care policlinics can be opened within the hospital, and an increase in the bed capacity of the services may be beneficial.

Ethics Committee Approval: All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards.

Peer-review: Externally peer-reviewed.

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