



**Mid North Coast Rural Palliative Care Project –
Link Nurse Education 2004**

Care of a Dying Patient

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Mrs Harris

Mrs Harris.....

Is in the terminal phase of her disease. She has lung metastases as well as cerebral and bone disease from her breast cancer.

Troubling symptoms at present are difficulty swallowing, uncontrolled pain and headaches, constipation and extreme lethargy. She has recently had difficulty mobilising and now spends the majority of time in bed. She would like to remain at home.

Medications

Mrs Harris has been taking:

- 120mg Kapanol daily
- 4mg dexamethasone
- Celebrex twice daily
- Paracetamol 1g 4 hourly
- Coloxyl with senna 3 tab tds
- Epilim 200mg daily

After consultation by a palliative care specialist and GP, the following orders were given.

Dose conversion

- Morphine 40mg subcutaneously given via syringe driver over a 24 hour period
- A breakthrough dose of 6mg morphine subcutaneously every 2-4 hours as required for pain
- The celebrex, paracetamol, epilim and coloxyl with senna are ceased
- + /- dexamethasone

Mrs Harris

The syringe driver is started and over the next few days Mrs Harris requires 4-5 breakthrough doses. These are incorporated into the syringe driver dose making it 70mg morphine over 24 hours and she is now resting more comfortably.

Her family are concerned about the lack of food and fluids that Mrs Harris is taking. They ask about whether she is thirsty and whether fluids would help.

Subcutaneous Administration of Medications

Indications:

- Difficulty swallowing
- Terminal phase of disease
- Uncontrolled pain
- Obstructive disease
- Nausea and vomiting
- Decreased level of consciousness

Setting up for S/C Administration

- Intima line
- Extension tubing
- Syringe driver - Grasby pump
- Opsite
- Syringes
- Needles
- Alcohol swabs
- 9 volt battery
- Medications

Mixing S/C Medications

- Medications should be mixed with water for injections NOT n/saline
- Check for crystallisation or cloudiness of the solution

Intima lines

Insertion:

- Select site
- Prime the needle with the medication to be administered
- Holding wings of butterfly together, bevel of needle facing upwards
- Insert the needle at a 45 degree angle into the centre of the cleaned skin site
- Secure with opsite. Write date of insertion on the opsite

Intima lines

Sites:

- Upper arm - deltoid region
- Upper outer aspect of thigh
- Lower abdomen - below umbilicus
- Upper chest wall - 7-8 cms below neck but above breasts

Considerations:

- Comfort of client
- Mobility
- Restricted clothing
- Oedema/lymphoedema
- Weight loss

Maintenance of Intima lines

- Check daily for any signs of inflammation, swelling, leaking or tenderness; if any, resite a new intima line
- Intima lines can remain in place until any of the above signs occur
- Use as small a volume as possible when administering medications

Grasby Syringe Drivers

A syringe driver is a battery powered device that allows medications to be delivered intravenously or subcutaneously over a 24 hour period

How to use the Syringe Driver

- **Fitting the battery:** slide off back cover. The alarm will sound for approx 15 seconds
- **Rate setting dials:** determines the rate at which the plunger of the syringe is pushed
- **Start/Boost button:** press and hold to deliver a boost dose if increased pain. Releasing the button starts the driver
- **Selecting the syringe:** 10-25ml preferable

Setting the Correct Rate

- Fill syringe with the required medications
- You do not always have to use a dilutant - e.g water for injections
- Measure the distance in mm from the “0” to the end of the syringe
- Distance in mm divided by time in days = rate in mm/24 hours

Boost Button

- Pressing the start/boost button, hear a bleep
- Each bleep = .23mm
- If pressed for longer than 4 bleeps = 1mg drug

Stopping the Syringe Driver

- When the driver is empty, it will automatically stop and the alarm will sound for approx 15 secs
- There is no off switch, take battery out to stop the driver

Alarms

Syringe driver will sound for 15 seconds when:

- Battery has run out
- Start/boost button is depressed for
- Longer than 15 secs
- When the syringe is empty
- Blocked infusion line or site

Mixing Meds

Medications that must be given separately:

- Octreotide
- Clonazepam

Medications that can be given with morphine:

- Midazolam, metoclopramide, haloperidol, hyoscine, buscopan, ketamine, dexamethasone

Hydration

A study by Billings, 1985 found that despite clinically dehydrated, patients in the final stages of life did not have the severe electrolyte disturbances normally seen in this situation

Hydrating a patient in the terminal phase can cause unwanted side effects such as:

Hydration

- Increased gastric contents leading to increased vomiting
- Increased intracranial pressure leading to fitting/headaches
- Increased chest secretions leading to increased secretions
- Increased urinary output leading to incontinence
- Oedema

NOTE: Despite these side effects, subcutaneous hydration is sometimes used more for the comfort of the family

Nursing Care

- Noisy breathing
- Oral care
- Bowel care
- Urinary care
- Pressure area care
- Other

References

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4. Sutcliffe, J. & Holmes, S. (1994). Dehydration: Burden or benefit to the dying patient? *Journal of Advanced Nursing* 19, pp 71-76.
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