

St Jude Medical Center

Transdisciplinary Approach to Palliative Care in the ICU

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Sacred Encounters Perfect Care Healthiest Communities



St. Joseph Health



St. Jude Medical Center

A member of the St. Joseph Hoag Health alliance

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Inpatient Palliative Service

- Program established in 2003
- Transdisciplinary
- Physician, 3NPs, 2RNs, social worker, chaplain liaison (hospice and palliative certified)
- High volumes (average 16-18% immersion rate)
- Consults can be entered by any clinical staff

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Background

- “Karen” - female in her late 40s
- End Stage lung cancer patient
- Symptomatic, poor prognosis
- Fiercely independent , privacy and autonomy are important values
- Closed family system
- Lives with husband and two young children



Objectives

- Understand how to support patient autonomy
- Develop an approach to caring for dying patients with young children
- Learn how to personalize care for complex patients in the ICU



Medical Picture

- Lung Cancer with leptomeningeal metastasizes to brain/ spinal cord
- Poor nutrition and PO intake
- Symptoms: dizziness, n/v, hearing loss, photosensitivity
- Communication barriers
- Considering Intrathecal chemo
- Poor prognosis

Psychological/Psychosocial

- Mild anxiety, insomnia
- Married with young adolescent daughter/ young son
- Stopped working as cancer progressed and was at home last two years of life
- Some family /friend support for childcare while patient hospitalized

Family System

- Somewhat closed system
- Karen set boundaries regarding diagnosis/prognosis and did not involve husband
- Did not prepare spouse or children for possible demise
- On day of death, no other family members present besides spouse and children

Cultural/Spiritual

- East Asian-American, raised in US
- Mono-lingual English speaker
- Christian- Chaplain liaison provided emotional support to husband
- Karen was open to complimentary therapies such as aromatherapy & reiki during hospitalization

What made this case challenging?

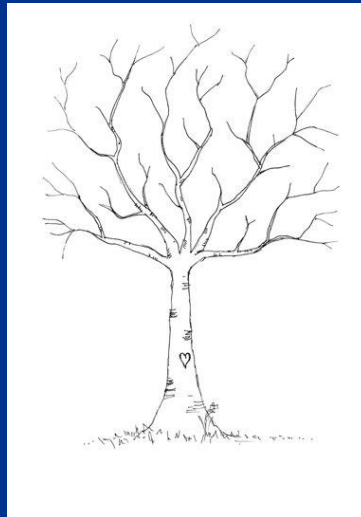
- Late involvement- consulted 9 days into admission
- Patient's age, young children, no advance directive - lack of preparedness for EOL and effect on family
- Reluctance of oncologist to "withhold" additional treatment
- Son's birthday occurred during ICU stay
- ICU MD discomfort with situation (having children present)

Interventions

- Transdisciplinary and individualized care
- SW/RN provided closure activities for children
- Emotional support, symptom management, anticipatory guidance
- Updated/involved pt's oncology nurse navigator
- Involved hospice prior to removal of life support for EOB & later referral to grief counselor for bereavement support
- PC team managed EOL care- supported ICU staff

Closure Activities

- Hand prints / finger prints
- Photos of children holding mother's hands
- Lock of hair with ribbon
- Memory box
- Fleece blanket
- Support to help husband and children be present during final moments with their wife/mother



Outcomes

- Respected autonomy of Karen until she could no longer make her own decisions
- Respected husband's wish for children to be present
- Spiritual support for peaceful transition
- Emotional support for family and staff (bedside RN, CM, MD, RT) during and after process
- Bereavement referral/support



Reflection

- Debriefing
- Team self-care
- Team spiritual practices
- Personal integration
- Further personal development



Personal/ Team Development

- Individual responses / challenges
- Team challenges
- Change in practice
- Creative Resources
- Sacred encounters

Questions?

