Symptom management workshop 2016

Case study

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History

Nasopharyngeal CA with bone & lung metastasis

- 2 years PTA left neck mass palpable, decreased smell sensation
- Biopsy was done at Roi-et hospital → non-keratinizing carcinoma.
- Diagnosis: nasopharyngeal CA, $T_2N_3M_0$ (stage IVB) with SCLN metastasis
- S/P CCRT, XRT TD 6600 cGy
- Cisplatin + 5-FU 4 cycles, Cb + Px 4 cycles, Gemcitabine 1 cycle.

History

- 7 months PTA pain at neck mass, cough, and right upper quadrant pain.
- Fatigue and cachexia, ECOG III
- CT scan of neck, chest and abdomen:
  - multiple small pulmonary nodules scattered both lungs.
  - Lt supraclavicular node Ø 10 cm.
  - Residual non-enhancing soft tissue lesion at left lower neck ∽ 2.3 x 3.1 cm.

History

- Bone scan:
  - bone metastasis right iliac crest and left ischium.
  - S/P Palliative XRT 5F at Lt neck mass
- 1 week PTA developed cough, breathlessness, required O_2 therapy
- Seen by oncologist, started MST และ home O_2 therapy
- Prognosis informed, best supportive care
- Referred to PC.

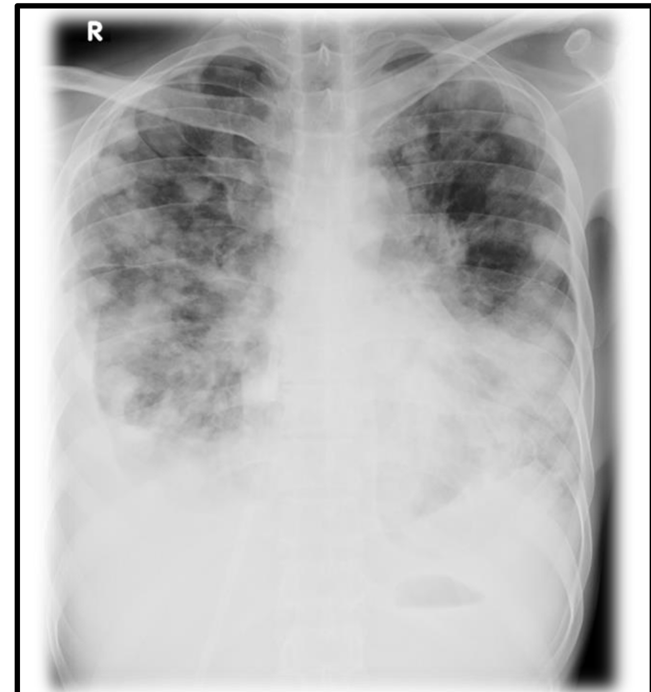
First PC visit

May 28, 2016 – At PC OPD

- Cachexia, PPS 40%

Physical symptoms:

- **Pain** PS 4/10 **current meds -** MST (30mg) 1 tab q12h (but patient only took OD)
- **Cough c non-massive hemoptysis**
- **Constipation**
- **Insomnia from pain** - much improve after XRT



- Progression of pulmonary metastasis.
- Reticular infiltration both lungs; lymphangitis metastasis.
- Bilateral pleural effusion.

Symptoms Management

Pharmacological

1. MST (10) 2 tabs ⊙ q 12 hr
2. MO IR (10) 0.5 tab ⊙ prn for BTP/ dyspnea q 2hr
3. Senokot 2x2 ⊙ pc
4. Lactulose 30 ml ⊙ prn hs
5. Ativan (1) 1 tab ⊙ hs

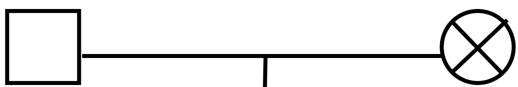
Non-Pharmacological

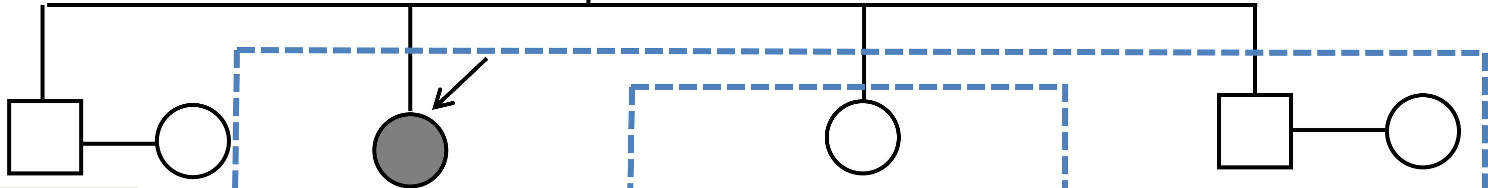
1. Oxygenator
2. Purse lip breathing exercise
3. Education

Genogram

65 Y, government officer

Breast cancer
10 years ago





39Y
Government officer
Lived in Roi-et

35 Y
computer
science
Run a small
computer shop
in Roi-et

32Y
Teacher
Lived in Roi-et

28 Y
Business in KK

Caregiver :

- 4th sister
- Brother-in-law

Psychosocial Assessment

- Character: Polite, caring, hard working.
- Strong family relationship and good support.
- Younger sister and brother-in-law were primary care givers in KK.

Assessment and planning

- Perception of disease – Disease in terminal stage
- Perception of prognosis – Sister informed by oncologist that life expectancy ~ 1 Mo, afraid of breaking bad news to the patient.
- ACP conducted – chose comfort care
- Plan for home visit

Emergency Visit at ER

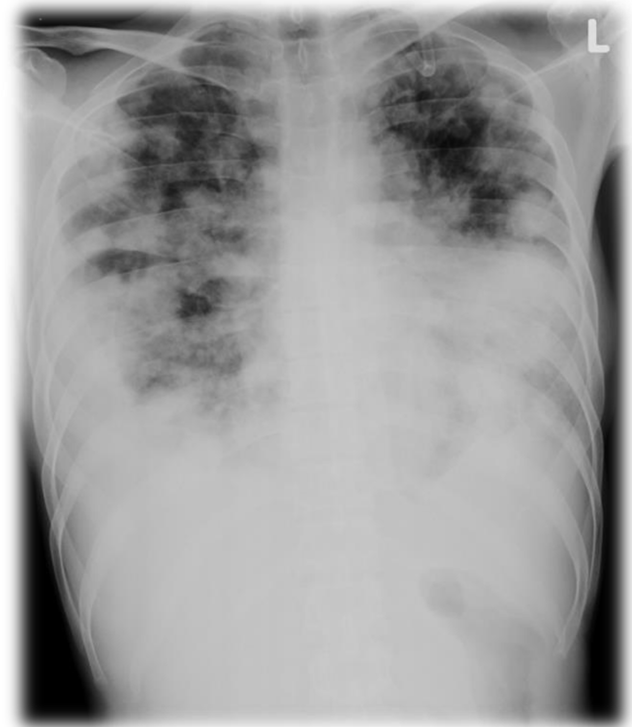
- 3 h PTA developed dyspnea, cough with thick sputum, no fever, need O2 support.
- PH: U/D as above
- V/S: BT 37°C, RR 36/m, PR 93/m,

  BP 152/104 mmHg, O_2 sat 82%

Emergency Visit at ER

PE: A Thai man, looked distressed

- **HEENT:** pale conjunctiva, anicteric sclera, palpable Lt SCLN 2 cm
- **Lungs:** crepitation both lungs, poor air entry
- **Heart:** tachycardia, normal S1S2
- **Abd:** soft
- **Ext:** no pitting edema



EM notify PC team

PC Management

1. Symptom control

– Mo 15 mg + Midazolam 5 mg + NSS up to 24 ml IV drip 1 ml/hr

– Dexamethasone 8 mg IV stat

Symptom improved, but need ↑rate to 1.5 ml/hr

2. Review ACP with patient → goal of care was comfort, Place of care – home
3. Communicate anticipatory symptoms and plan of palliative management.

Home Meds & Discharge Plan

- Dyspnea score 10/10 → 2/10 on O_2 mask c bag 10 LPM

Home meds:

- MO 20 mg + NSS up to 15 ml CSCI 2 mm/hr via syringe driver
- Midazolam 10 mg + NSS up to 15 ml CSCI 2 mm/hr via syringe driver
- Dexamethasone (4mg) 2 tab ⦿ OD # 14 วัน
- Omeprazole (20mg) 1x2 ⦿ ac
- Patient-held record
- Oxygenator and other medical instrument to be used at home

Transferred Back Home

- Send back home by EMS, during transfer dyspnea score increased to 5/10
- MO up to 25 mg/d and midazolam up to 15 mg/d
- MO 4 mg SC PRN for BTP & dyspnea q 2 hr
- Midazolam 2.5 mg SC PRN for agitation q 2 hr

Home visit

Information Giving

- Pharmacological and non-pharmacological management
- Purse lip breathing, using fan, energy saving
- Syringe driver instruction
- Increase rate of syringe driver infusion for increase symptom, give PRN as needed
- Reassure and empower care giver
- 24-hour telephone access

Refer Roi-et PC team

- Jul 1,16: Stable, fatigue, Pain and dyspnea were under controlled
- Jul 11,16: Redness at infusion site, recannulated by Roi-et team, MO increased to 30 mg + midazolam 15 mg/day
- Jul 14,16: Pain increased → MO increased to 40 mg + midazolam 15 mg/day
- Liquid diet
- Jul 16,16: Unable to swallow, pain and dyspnea were well controlled, **died peacefully at home**

Home Visit by Roi-et PC Team

Last Days of Life

- Died Jul 16, 16 – Well prepared, good support from family.
- Strong PC network, provided effective seamless care.
- 18 days under PC team.