Symptom Management WS November, 2016

Ethical Issues at End-of-Life: Case Discussion

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Case Study

- 68-year-old man.
- Address: Muang area, Khon Kaen province.
- **Diagnosis**→ TVD c Post cardiac arrest c HIE c ESRD c DM c HT
- Admitted: Aug 31,16.
- Referred to PC team: Oct 12,16.
- Reason: evaluation and proper management and ACP.

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History of Illness

Chief Complaint.

- Chest pain 20 min PTA.

Present Illness:

- 1 day PTA: He came for follow up at Srinagarind hospital.
- 20 minute PTA: developed epigastric pain, dyspnea, sweating and chest pain.
- 5 minute PTA: while being transfer to hospital by his wife, he became unconscious. EKG showed asystole when arrived in ER, CPR for 8 min.

Past History

- History of :
- 19Y - DM treated with insulin.
- 13Y - HT.
- 8Y - Dyslipidemia & diabetic retinopathy.
- 4Y - CKD Cr 1.6, Cr rising → 2.8-3.4 (GFR 18-22)
- 2Y - TVD, with PAD (CAG→ 90% stenosis of mid & distal LAD, 90% stenosis of mid LCX, total occlusion of RCA. Refused CABG.
- Heavy smoking and drinking.

Problems on This Admission

- Respiratory failure: on ET- tube and ventilator (PCV mode, IP 14, RR 14, PEEP 5, FiO_2 0.3)
- TVD: Emergency CAG → same findings. Failed PCI. Cardiologist offer CABG but family refused.
- Moved to CCU for brain recovery with therapeutic hypothermia, later developed convulsions (GTC) EEG → no epileptic form discharge.
- Seizures were controlled with Keppra.
- Conscious not regained.

Problems on His Admission

- AKI on top of CKD – Cr rising fro 3.4 to 6.4
- Nephrologist suggested long term CAPD but family refused due to carer burden.
- Pneumonia and bed sore developed (A.baum. MDR)
- Tracheostomy done on D35.
- Became un2-3 days before he was referred to PC team → he had an alteration of consciousness → his GCS dropped (E1VTM2) → CT brain emergency.

Lab and Investigation

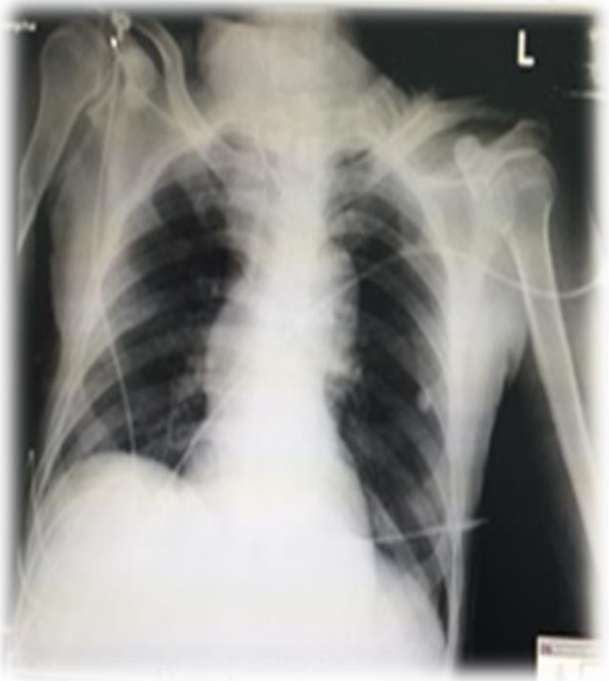
- **CBC:** HCT 29.3%, WBC 11,600/cmm, Plt 325,000/cmm
- **Blood chem:** BUN 86.8, Cr 6.4 (GFR = 9)

Na 144, K 4.1, HCO_3 17.1, Cl 103 meq/L, Alb 3, Ca 7.6 mg/dl

CT Brain
Oct 8,16

- **Lacunar infarction** at Rt. thalamus, Rt. basal ganglion and posterior limb of Rt. Internal capsule. Old cerebral infarction at Rt. Frontal lobe. Aging brain atrophy. Acute sinusitis of Rt. ethmoid sinus and bilateral sphenoid sinuses.

CXR
Oct 12,16



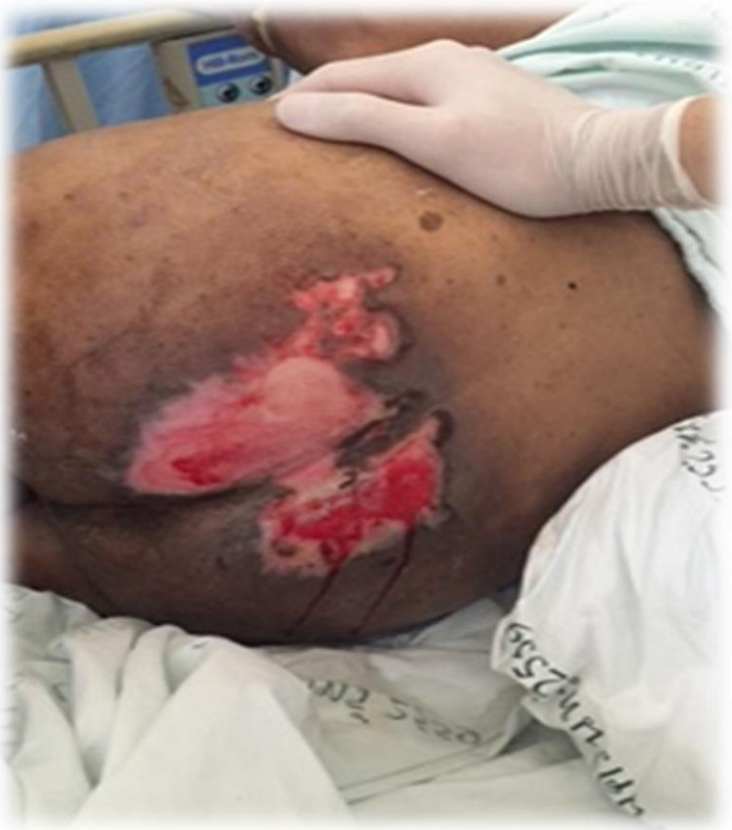
Physical Examination

1st PC team visit: an elderly man, unconscious, looked thin, on tracheostomy tube with ventilator and retained NG-tube for feeding.

- V/S: BT 38.7°C, PR 102/min, RR 16/min, BP113/52 mmHg
- HEENT: pale conjunctiva, no jaundice.
- Lung: mild secretion sound.
- Abdomen: soft, not tender.

Symptom Assessment

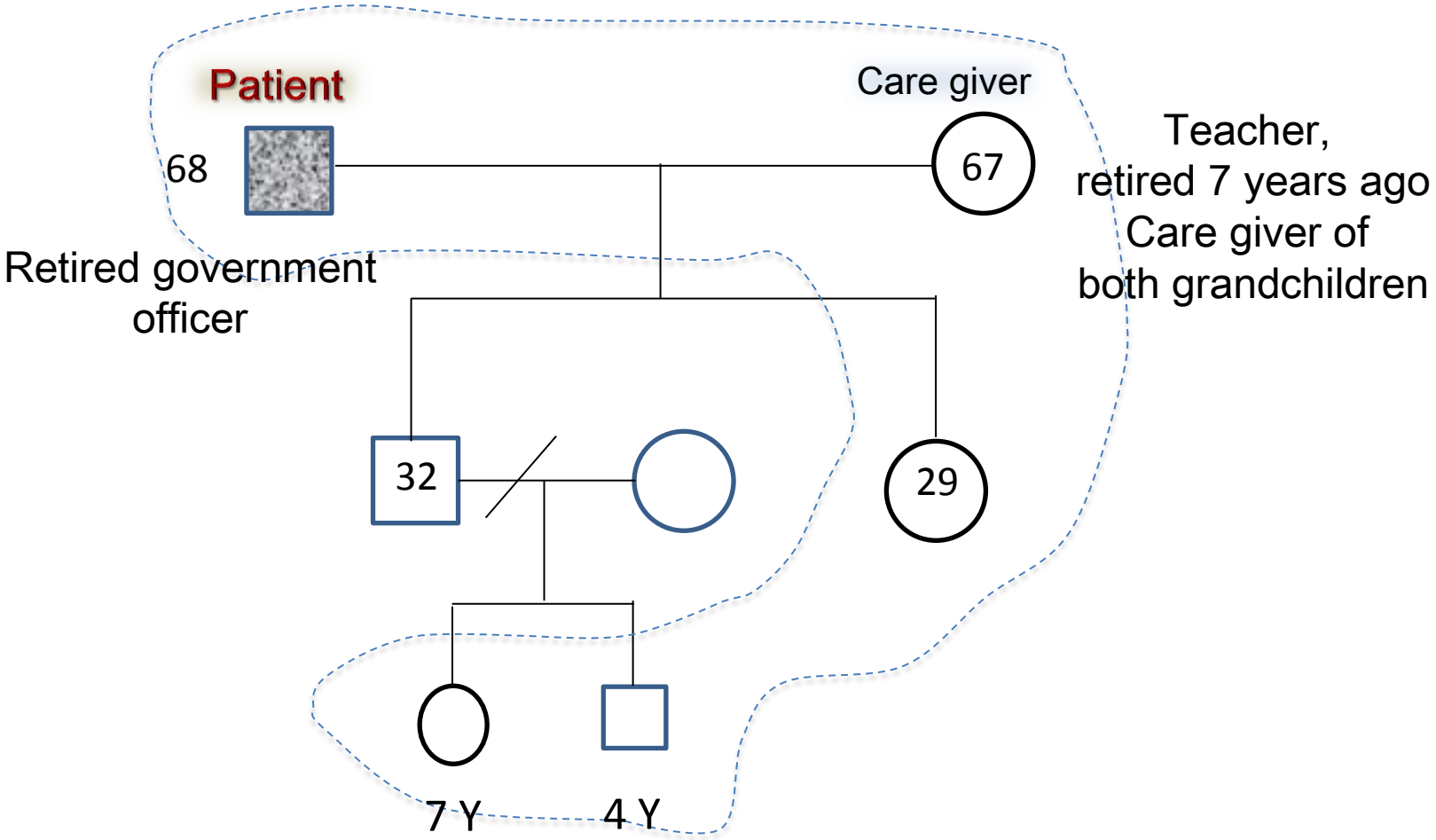
- Unconsciousness.
- Fever.
- Bed sores at both buttocks.
- Constipation.



Current Medication:

- Colistin 75 mg IV drip in 1 h. OD
- Sodamint 2x3
- Ticagrelor (90) 1x2
- Keppra (500) 1 tab q12h.
- Omeprazole (20) 1x2 ac
- Mixedtard (70:30) 20-0-10 unit.
- Senokort (7.5) 2x1
- BD (1.2:1) 300 ml x 4 feeding

Genogram



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Psychosocial Assessment

- Wife and daughter were proxy and main care givers.
- Patient refused CABG, said that he not afraid of dying, but worried about their grandchildren, and did not want to suffer in the terminal stage.

PC Team Consultation

- **Oct 12,16 -** Family meeting conduced to define goal of care (wife and daughter).
- Family knew nature of his disease, but did not know prognosis.
- We informed that the patient will soon die of uremia and recommended withdrawal of all life supports.
- Family decided to continue ventilator, feeding and ATB, refused vasopressors, and CPR.
- Place of dead – hospital.

PC Team Involvement

- **Oct 17,16.** He had GI bleeding, Hct decreased to 22% but **gain some consciousness (awake, but not aware).**
- Family meeting for re-setting goal of care.
- Family asked for blood transfusion and continue ATB. Transfused with 2 unit PRC, Hct increased to 30%.
- **Oct 20,16** - ATB discontinued after D10, no fever, Cr increased to 8.8 mg/dl, his conscious ran down again.

PC Team Involvement

- **Oct 26,16 -** Recurrent **massive** GI bleeding, Hct and BP drop, severe breathlessness and agitation.
- Conducted family meeting to review goal of treatment.
- Family decided to continue ventilator, but withhold/withdraw other life supports.

PC Team Involvement

- Dyspnea controlled with MO 20 + Midazolam 10 mg IV drip in 24 h, Hyoscine butyl Br 1 amp q6h.
- Patient looked comfort.
- Offered family to make merit and let them care for him beside his bed until he died.
- **Oct 28,16**, died peacefully in the hospital (total of 16 days after referred to our team)