



Palliative Care

Overview of the Palliative Care Clinical Practice Guideline

Palliative Care

- Palliative Care Clinical Practice Guideline Introduced into AV 2016
- A direct result of feedback from Palliative Care Services, Hospitals and patients
- Prior to implementation of the CPG patients were being transported for symptomatic treatment in hospital
- Often patient could have been treated at home which was often the patients preference
- Transport was often unnecessary
- In new guideline Paramedics must attempt to get in touch with patients own Palliative Care Team for specific directions in all cases

Palliative Care

- Purpose of the guideline is to provide Paramedics with direction when managing patients who are 'currently' registered with a community Palliative Care Service
- AV usually called as a result of escalating symptoms (nausea, vomiting, pain, agitation &/or anxiety)
- Intent of the guideline is to treat symptoms, not the underlying disease process
- Guideline applies only to those with advanced incurable disease, no longer receiving active treatment, who wish to stay at home and are registered with a Palliative Care service

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General Care

- When a community palliative care service is unavailable to advise paramedics on management, the dose of subcutaneous **Morphine** to be administered is calculated by using the AV CPG App to convert each of the patient's regular opioid analgesics to a total equivalent daily dose of oral morphine. PRN medications are not included in this calculation.
- Where the total equivalent daily dose of oral morphine is < 50 mg, the patient should receive **Morphine 2.5 mg S/C as calculated by the AV CPG app.**
- Where the total equivalent daily dose of oral morphine is ≥ 50 mg, 20 % of that dose will be calculated and converted to an appropriate subcutaneous dose by the AV CPG app.

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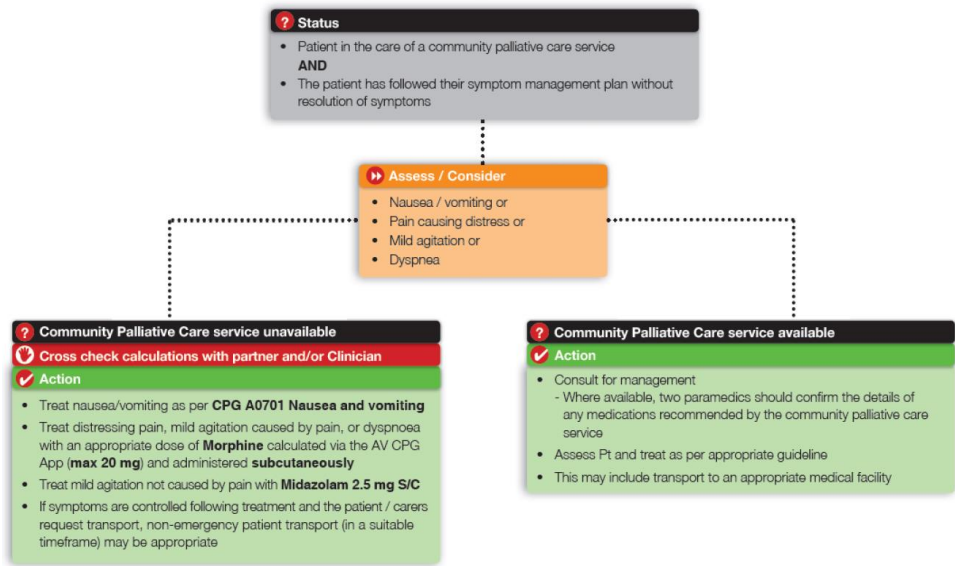
Calculated doses of **Morphine > 10 mg** should be discussed with the Clinician. The maximum subcutaneous dose of **Morphine is 20 mg**. Patients who do not respond to this dose should be transported to hospital for further management. If paramedics have concerns, they should consult with the Clinician.

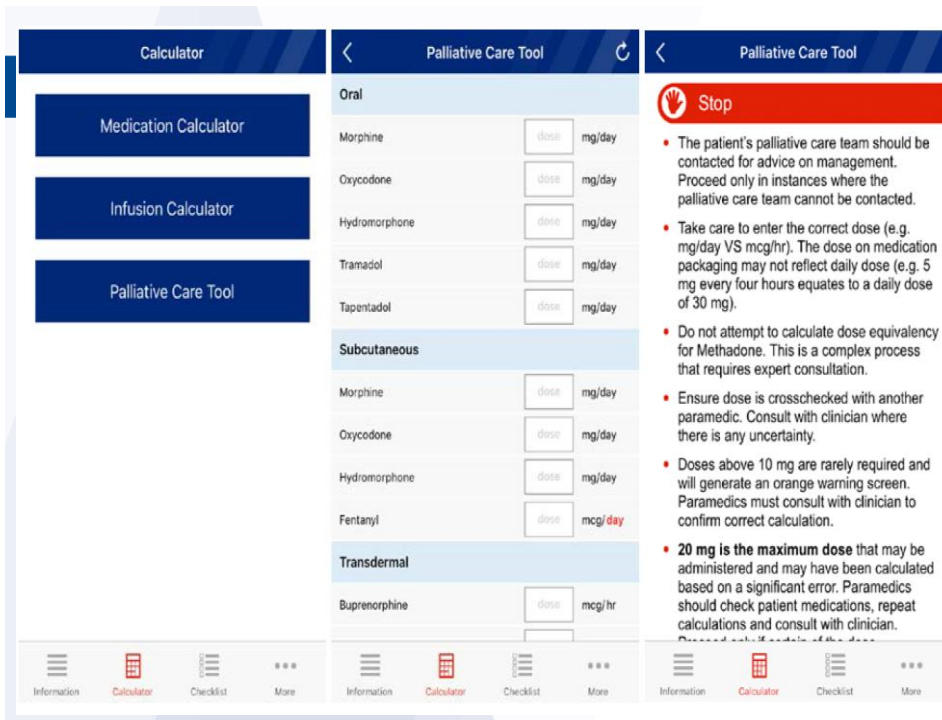
If the patient is unable to have **Morphine**, an equivalent dose of **Fentanyl** should be administered. For example:

- **Morphine 2.5 mg = Fentanyl 25 mcg**
- **Morphine 20 mg = Fentanyl 200 mcg**

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Palliative Care Guideline Review

- Review conducted between 1st December 2017 to 1st of December 2018
- 46 Patients attended by AV
- 38 Cases contact made with Palliative Care
- 5 Cases contact attempted unavailable
- 3 Cases No documented attempt for follow up
- Treatment instigated 36 times with the majority of patients receiving subcutaneous Morphine for pain with an average dose range of 5.3mgs
- 5 Bronchodilators, 4 Midazolam and 26 Morphine

Conclusion

- Palliative Care Patients attended by AV and not transported the new CPG is being appropriately used
- Palliative Care Services are being contacted in the majority of cases
- Collaborative approach to patient care is being applied
- In the rare circumstances that Palliative services cannot be contacted AV Paramedics are utilising the CPG and providing patients with appropriate doses of analgesia

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