Call to Action: Make Palliative Care Part of Your Donation Process!

Melissa Revels, RN, BSN, CCRN
Mary Morris, MD
Learning Objectives

• Define what is Palliative Care?
• Understand the services of the Palliative Care team.
• Identify when/how Palliative Care gets involved.
• Identify donation education required for Palliative Care team.
Palliative Care

“Symptom management and support through transitions in life.”
Symptom Management

- Pain
- Fatigue
- Shortness of breath
- Nausea
- Loss of appetite
- Emotional & spiritual
Goals of Care Discussions:
Emotional and Spiritual Needs Supported

• Provide understanding and coping through the discovery of hope during illness and death.
• Assist with the transition from active treatment of the disease or illness to a comfort approach.
• Provide support to patients and families by focusing on quality of life.
• Families are provided with bereavement support.
Family Support

- Meeting with family
- Breaking bad news
- Awareness of family’s grief
- Importance of life review
- Advocate and educate family
- Assistance in the withdrawal of mechanical ventilation
- Continued support throughout the dying process
Palliative Care and Donation Timeline

Donor

- Referral
- Eligibility
- Consent
- Donor Evaluation/Testing
- Donor Management
- Organ Allocation
- Recovery

Recipient

Transplant

Palliative Care Consult

Family Support Throughout
Consulting Palliative Care

- Hospital service dependent
- Initiated in orderset
- Physician-to-physician phone call
- Nurse prompted
Palliative Care Donation Education

- Designated requestor training
- Bring training to the staff
- Offer time that works for their schedule
- Real-time training/experience
Our Experiences- DCD

Case Review # 1 (1st time Palliative Care consulted)
• 39 y.o. female admitted to emergency after being found down by husband with cardiac arrest. Pt. suffered severe anoxic brain injury.
• Patient was a FPA and family supportive of opportunity.
• Primary care physician consulted Palliative Care team after family conference.
• Family supported via donor gifts and son’s graduation ceremony in patient’s room.
• Palliative Care team went to OR with family and patient.
• Patient survived beyond 2 hours and transferred to quiet room out of ICU.
• Patient died 20+ days later.
In your hospital, who would have assumed primary care if Palliative Care was not involved?
Our Experiences- Brain Death

Case Review # 2

- 63 y.o. male presented to ER after being found down in a parking lot with stroke.
- On hospital day 7, he had declined with evolution of stroke requiring intubation. He continued to decline rapidly with expected brain death. Would not be candidate for DCD.

- First Person Authorization- completed on-line
- Family approached by 2 RN’s on Donation Resource team and family was not aware of his wish for donation but not surprised because of his caring and giving nature.
- Palliative Care team developed relationship with family and provided family support.

- His sister from out of town arrived and was very upset about continue life support despite nearing brain death. Palliative Care asked to come and speak with her
- On hospital day 8, he had declaration of full brain death and went to OR for liver procurement following day.
In your hospital, who discusses life review, develops rapport with families, and discusses goals of care?
During a consent approach the Palliative Care MD stated, “I don’t feel comfortable with the consent.”

In which the RN replied, “I can do the consent, but I need someone to get me started.”

They went together...