

# Be Prepared: Palliative Care Emergencies in the Home

## Bleeding (Hemorrhages): Signs, Symptoms & Responses

Presenters:

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Host and Moderator: Jennifer Campagnolo, CHCA

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# Learning Objectives

By the end of the session, participants will be able to:

*Explain hemorrhagic bleeding (causes, symptoms and assessments) in the context of home-based palliative care*

*Identify approaches to managing a hemorrhage guided by a person's goals of care*

*Prepare and engage family caregivers in their care role and care planning*

# Introductions



Dr. Cortney Smith, MD CFPC  
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# BLEEDING IN PALLIATIVE CARE

Dr. Courtney Smith

MD CCFP (PC)

Nov 3<sup>rd</sup>, 2022

# DISCLOSURE:

- I have no conflict of interests to declare pertaining to this topic or presentation
- Images used are from the internet without permission, but no financial gain
- Full list of references available upon request

Dr. Courtney Smith MD CCFP (CAC PC)



# OUTLINE:

- Define catastrophic bleeding
- General approach
- Goals of Care → Education
- Management

# BLEEDING:

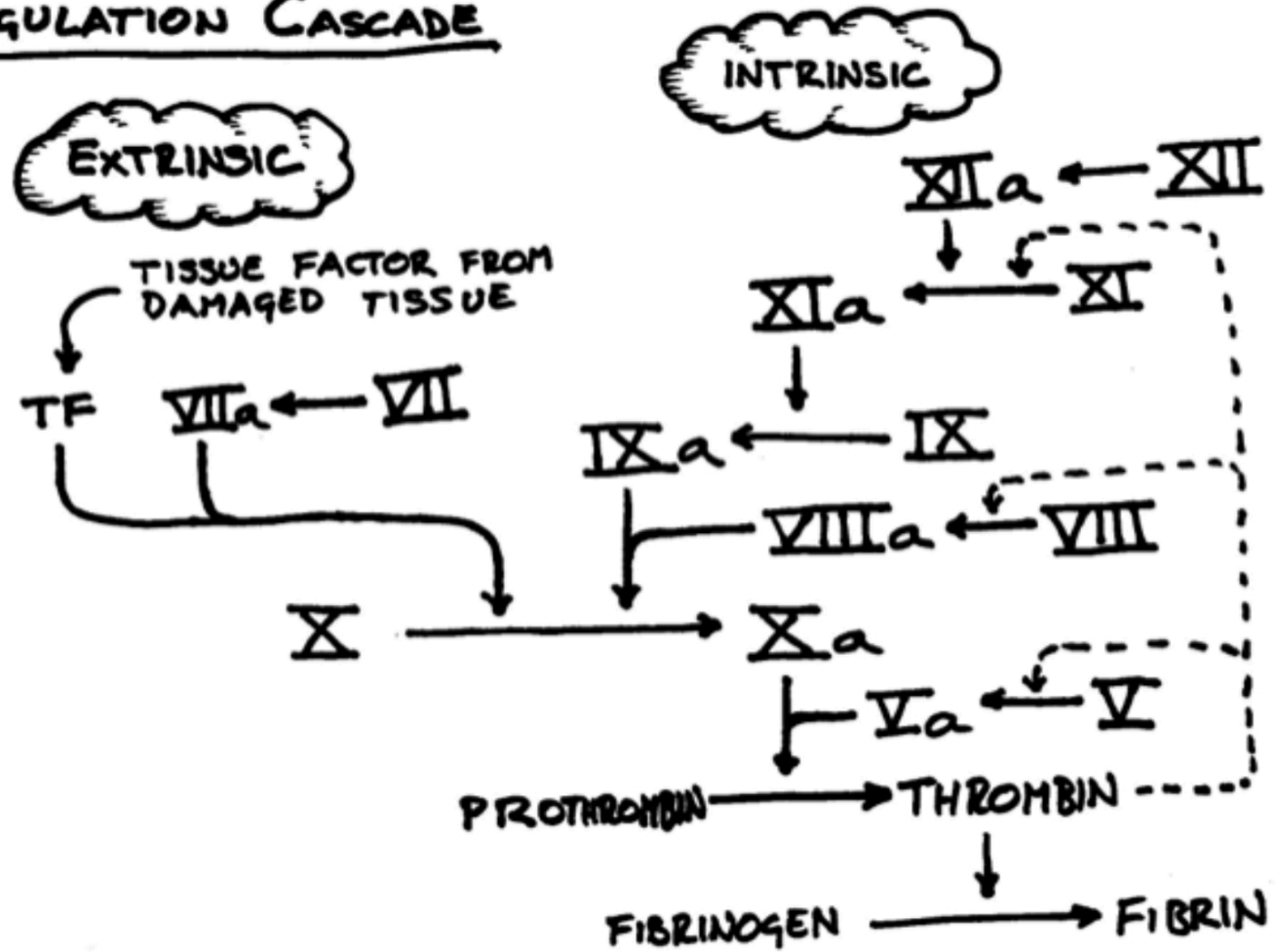
- In 10% of advanced cancers
- More common in certain diagnoses
- Often vary in presentation and acuity
- Distressing vs. Fatal

\* **Catastrophic bleeding** – losses large enough to cause death





# COAGULATION CASCADE





# APPROACH TO BLEEDING:



Identify those at risk



Discuss goals of care



Educate



**Action plan**

Reverse/management plan for slow, smaller bleeds  
Emergency plan for catastrophic bleeding



# IDENTIFICATION OF THOSE AT RISK:

- Infiltration of vessels by tumour
- Myelosuppression
- Treatment, systemic complications
- Medications
- Infection



# LOCATION OF BLEEDING:

- CVA, stroke
- ENT
- Hemoptysis
- GI or internal
- Bladder
- Wound, injury
- Vessel rupture



# DISCUSSION OF GOALS OF CARE:

- Advance care directive important!
- Values, beliefs may impact on management
- Context of bleeding within person's life



# IMPACT ON PATIENTS, FAMILIES AND CAREGIVERS:

- Distressing, frightening
- Unexpected vs expected
- Sudden vs slow
- Impact on grief?



# EDUCATION:

- Bleeding can be managed in the home
- Comfort can remain a priority
- Realistic outcomes based on presentation
- Action plan and its use

# MANAGEMENT:

- Size of bleed?
- Location?
- Vitals
- Labwork, surgical consultation (if in goals of care, and appropriate wrt performance status)







# NON-PHARMACOLOGICAL:

- Dark towels
- Calm environment – if possible!
- Dressings on hand
- Review plan, emergency numbers
- Involve your local support team

# TOPICAL MANAGEMENT:

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Silver nitrate

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Cellulose dressings

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Tranexamic acid – 1 g tablets crushed in normal saline, apply with gauze, packing or irrigate or use as mouthwash

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Topical epinephrine

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Surgicel

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Pressure, VAC dressings

# INTERNAL/OTHER MANAGEMENT:

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Sucralfate – mouthwash

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Tranexamic acid – 1 g IV or PO BID

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Octreotide – 100-500 mcg SC BID-TID

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Re-evaluate pre-existing meds

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Transfusion? Radiation?

Ligation, embolization?

# EMERGENCY MANAGEMENT:

- Stay calm, reassure patient
- PPE: gloves
- Apply pressure if able with dark towels
- Midazolam 5-10 mg SL/SC q 10 min PRN
- Lorazepam 4 mg SL q 10 min PRN
- PRN opioid if dyspnea/pain
- Bereavement/debrief/family care



## STAFF DEBRIEF:

- Always appropriate to review with colleagues
- These events can be distressing!
- Self-care and self-awareness add to our ongoing compassion and care

"A pint of sweat will save a gallon of blood."

- G. S. Patton





Canadian  
Home Care  
Association

**Be Prepared:** Palliative Care Emergencies in the Home

# Catastrophic Bleeding / Hemorrhage

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# Our Way



## MISSION

*We are passionate  
and caring*

About everything we do. About our time with clients, how we treat one another and the quality of our work.

## VISION

*We imagine being  
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Each and every one of us has the ability to create special moments, both big and small. We constantly look for ways to make things better and “be the difference” in the lives of those we care for, work with and in our communities.

## OUR VALUES

*We value* compassion and reliability; team work and diversity; innovation, leadership and growth.

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80+ Home Care Offices  
11 Pharmacies  
100+ Community Care Clinics



We are proud to have over  
15,000 staff members



5,000+ Nurses and  
11,000+ Personal  
Support Workers



Bayshore caregivers  
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hours of care per year



Every year we take care  
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Our commitment to Equity, Diversity & Inclusion is our strength; it's how we make a difference in the lives of those we care for and work with.



70+ Languages are spoken by Bayshore employees



50% of our employees are born outside of Canada



75% of our staff are Women





## Case review – homecare client with risk of catastrophic bleeding / hemorrhage

- Review definition of catastrophic bleeding / hemorrhage
- Review components of client situation and palliative care referral
- Discuss protocols in place to support client and family with catastrophic bleed event in the home
- Summarize client outcomes and from approach to care

# What is Catastrophic Bleeding / Hemorrhage?

- Bleeding / Hemorrhage = Loss of blood from the circulatory system
- Catastrophic = Large amount of blood loss that may result in death
- Can result from disease- or treatment-related causes
- Considered a palliative care emergency due to
  - Terrifying and traumatic clinical presentation
  - Profound distress caused to patient, family, staff and caregivers



# Situation

## Client Information

Name: Jane Doe

Age/Gender: 47 y. o. Female

Address/Location: Timmins, ON

## Clinical Situation

Diagnosis: Metastatic pancreatic cancer

Family/Social Support: Mother and sister

Details of referral:

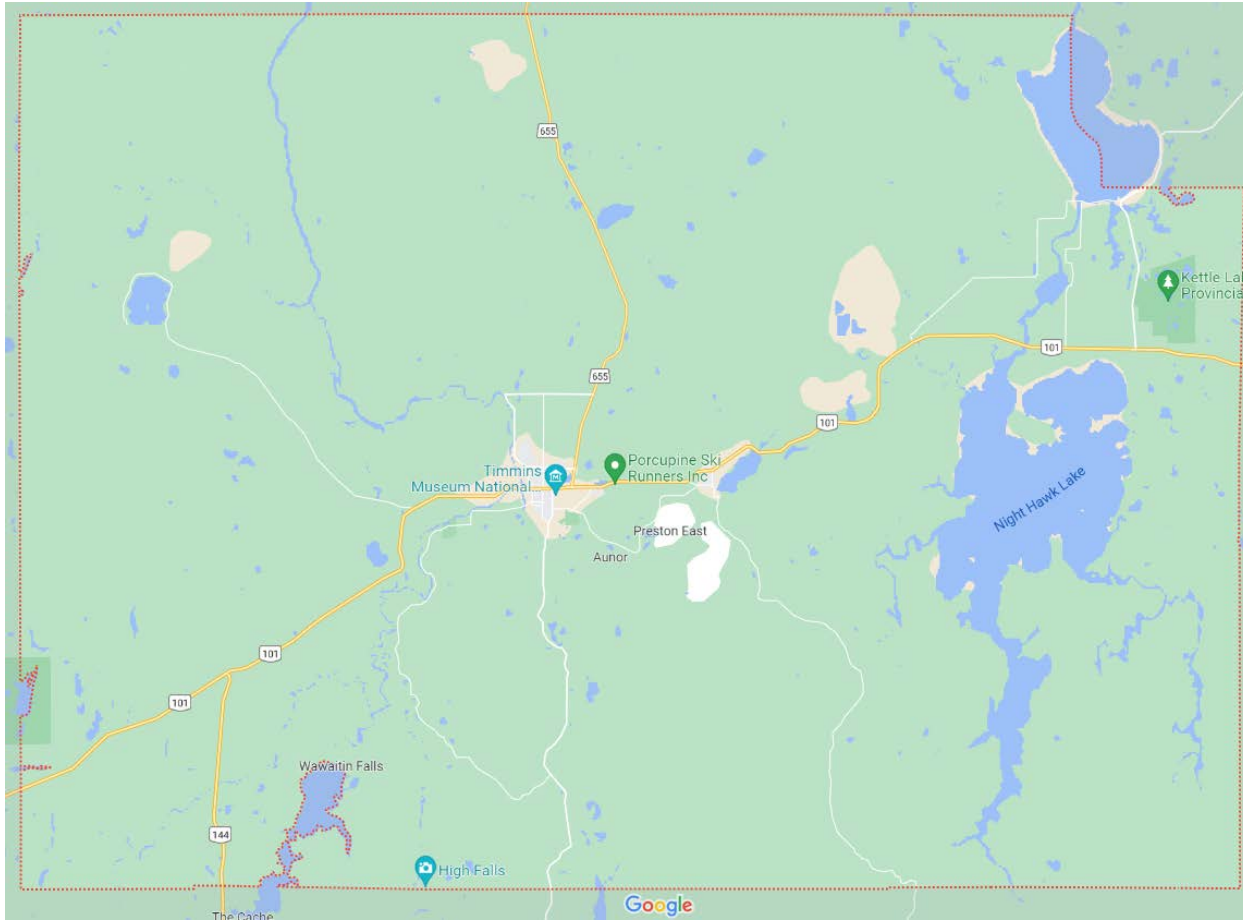
- Tumour compressing aorta
- High risk for aortic rupture as per oncologist
- Client and family aware of risk
- Referred for palliative home care
  - Pain and symptom management
  - Planned death at home
- Jane expressed worry about 'suffering through it'
- PPS at time of referral = 50%



# Background

## Location

Rural/Remote  
(Timmins)





## Palliative Care in the Home

### Palliative Care Team

- Registered Health Professionals
  - RNs, LPNs/RPNs, Allied Health Staff
- Paraprofessionals
  - PSWs, Home Support Workers, Health Care Aides, Respite Volunteers
- Medical Team
  - Palliative Care Physicians and Nurse Practitioners
  - Linked to Family Health Teams and/or Local Hospitals

### Initial Referral Process

1. Referral received and reviewed by Client Service Coordinator
2. Patient contacted by phone to notify of referral, obtain verbal consent, mailed welcome package
3. Initial visit by RN/LPN/RPN (may be done virtually)
4. Establish goals and plan of care – to be reevaluated at subsequent visits and with any change in client condition

## Initial Visit Assessment

Structure/process of care Build rapport	<ul style="list-style-type: none"> <li>• Primary nursing model</li> </ul>	<ul style="list-style-type: none"> <li>• 24/7 palliative care support</li> </ul>
Physical aspects of care	<ul style="list-style-type: none"> <li>• Metastatic pancreatic cancer</li> <li>• Treated with palliative chemotherapy with minimal response</li> <li>• Decreased appetite, cachexia</li> <li>• Intermittent nausea</li> <li>• Discharged from hospital with dilaudid CADD – pain well managed</li> <li>• Other medications include dexamethasone SC BID, haldol and metoclopramide PRN</li> </ul>	
Psychosocial aspects of care	<ul style="list-style-type: none"> <li>• Lives with mother and sister – very involved in care</li> <li>• Client and family accepting and supportive with plan for death in home</li> <li>• Client expressed worry about ‘suffering through it’</li> <li>• Family expressed concern about what do to in the event of a bleed – does not want client to ‘suffer’</li> </ul>	

## Initial Visit Assessment

Spiritual, religious, cultural and existential aspects of care

- Catholic – received sacrament of the sick upon discharge to home
- Well established relationship local church community

Care of the patient at the end of life\*\*

- Planned death at home
  - Current plan for post-death care, funeral planning
- Need for respite care or bereavement support for family (ongoing)
- Family expressed concerns about what to expect in event of a bleed

Ethical and legal aspects of care

- Documentation of planned death at home and procedure, including DNRc
- Documentation of substitute decision maker(s) and contact information

\*\*Additional areas of consideration

- Assess client and family understanding regarding assessing and managing physical symptoms at end-of-life + utilization of symptom management kit
- Assess current understanding and readiness to learn about risks and participate in anticipatory planning for a potential bleed event

## Bleed Event – Plan of Care Interventions

Develop plan and provide health teaching for anticipatory management of a bleed event and post bleed event care

- Consideration of remote location
- Family in agreement to participate in supportive management should a bleed occur
  - Important to acknowledge that prevention is not possible
  - Emphasize that the client will be kept comfortable and will not be left alone and that unconsciousness may occur quickly
  - Emphasize and reinforce that preparation is key, but that not all anticipated bleeds occur

Review planned death at home procedure

- Planned death at home package completed and copies faxed to Home and Community Care Support Services (HCCSS), funeral home, MD/NP
  - DNRc
  - Plan for pronouncement of death
  - Who to call – reinforce not to call 911
- Health teaching for family regarding recognizing EOL symptoms and use of the symptom management kit, as appropriate

## Bleed Event – Plan of Care Interventions

Develop plan and provide health teaching for anticipatory management of a bleed event and post bleed event care

- Anticipatory plan:
  - Dark linens and towels to shield visual trauma
  - Reinforce the importance of remaining calm
  - Identifying who to call – palliative support line vs. emergency services
  - Teach intent of sedative medication (midazolam) – to relieve distress and anxiety and not to hasten death – time to take effect
  - Teach administration of sedative medication (i.e., pre-filled syringes)
  - Teach application of warm blankets, repositioning
  - Plan to dispose of clinical waste appropriately

## Follow-up Visits

- Evaluate current plan of care and provide health teaching as needed + Reinforce anticipatory plan
- Evaluate plan for respite care and bereavement support
- Evaluate benefit of legacy work – good vs. traumatic memories

# Outcomes of Care

- Jane remained on service for 8 weeks
- Jane palliated and died peacefully at home
- Catastrophic bleed event did not occur
- Family was understanding that a bleed could not have been prevented but were appreciative of
  - 24/7 accessibility of the palliative care team
  - Supportive measures/anticipatory plan and health teaching
  - Primary nursing model



# Questions & Discussion





# CHCA ECHO Hub Community

[www.echo.cdnhomecare.ca](http://www.echo.cdnhomecare.ca)

- Palliative Emergencies at Home Microlearning
- Recordings
- Presentations
- Evidence-Based Resources

**Join the CHCA ECHO Hub Community**

Complete the participant information section. Once you receive your log in and password, you can access the valuable resources in the CHCA ECHO Hub.

As a CHCA Palliative Care ECHO Hub member I agree to:

- Participate in the ECHO learning sessions, join the discussion, and give feedback
- Share my expertise and issues to help shape the content of the CHCA Palliative Care ECHO Hub
- Participate in program evaluation to help us better understand our impact and how we can support teams across the country

**Register:**

First Name\*  Last Name\*

I agree to the statement of participation, to becoming part of the CHCA ECHO Hub community and receiving regular notifications from the CHCA. By completing the registration for the CHCA Palliative Care ECHO Hub, you consent to the collection, use and disclosure of your personal information for the purposes of program planning, evaluation and research.\*

Username\*

Email\*

**Palliative Care Emergencies in the Home: An Approach to Guide Home Care**

March 26, 2022 / in / by Team CHCA

0% COMPLETE 0/11 Steps

**Course Content** Expand All

- Course Introduction
- Recognizing Palliative Care Emergencies  
1 Topic Expand
- Types of Palliative Care Emergencies  
1 Topic Expand
- Involving Patients and their Caregivers  
1 Topic Expand
- Considerations for Palliative Care Emergencies in the Home  
3 Topics Expand