

SA Palliative Care



Community Pharmacy Update

A joint initiative of the South Australian Palliative Care Services

Patients with advanced disease may present to the community pharmacy with signs and symptoms that indicate an emergency situation. It is important for pharmacists to be able to recognise when patients should be advised to urgently seek assistance.

Palliative Care Emergencies

Situations may arise when patients with advanced disease require urgent medical review. This is usually associated with malignant disease as tumour growth causes obstructions or changes in the body's normal functions.

People may avoid seeking medical help for these issues because of fear that it indicates disease progression or new metastases. While that may in fact be true, early identification helps to minimise unnecessary suffering. Encouragement from a pharmacist to seek prompt medical review could be just what they need.

Bone or Back Pain

New onset or exacerbated bone pain may be the first sign of bone metastases or pathological bone fracture. If the metastasis is located in the spinal cord it can cause spinal cord compression and can result in paralysis if left untreated. Early symptoms and signs of spinal cord compression include:

- > new onset or exacerbation of back pain
- > stiffness and weakness
- > tingling and numbness of lower limbs
- > bladder and/or bowel dysfunction

Changes in Airways & Circulation

Obstruction of the superior vena cava and/or upper airways can cause signs and symptoms that are highly distressing.

Obvious airway problems include:

- > severe and worsening breathlessness
- > stridor, hoarse voice, cough

Additional symptoms suggestive of upper body venous congestion include:

- > headache that gets worse on bending
- > facial, neck or upper limb swelling
- > dizziness

- > visual changes

Changes in Mental State

Acute confusion or delirium may be a late sign of hypercalcaemia, the most common life threatening metabolic disorder in patients with malignancy. Other CNS symptoms such as on-going headache, vision changes and altered mental state should also be promptly investigated.

Signs of Bleeding

While a severe acute haemorrhage leading to a terminal event is rare, situations leading up to a catastrophic bleed are more common.

Palliative care patients may experience bleeding due to advanced liver disease or malignancy. In cancer, fragile tumour blood vessels may burst. A tumour can also cause bleeding by eroding nearby blood vessels, causing thrombocytopenia or coagulopathy. Minor self-limiting occasions of bleeding (e.g. haemoptysis, haematemesis, haematuria) should be promptly investigated so that they can be treated and prevent a more severe and traumatic recurrence.

Useful resources

- > Tasmania Department of Health and Human Services Palliative Care, 2009 Care Management Guidelines: Emergencies in palliative care www.dhhs.tas.gov.au
- > Caresearch GP Hub: Managing Emergencies www.caresearch.com.au

For more information

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This update is intended to provide practical up to date and factual information relating to pharmacy and medicines management in the setting of Palliative Care and is based on critical review of available evidence. Individual patient circumstances must be considered when applying this information. Please feel free to distribute this update further to interested colleagues.

