

What's new in Palliative Care 4

Some of the new information and major changes included in *Therapeutic Guidelines: Palliative Care, version 4*.

The Palliative Care guidelines have been extensively revised by the expert writing group for this edition. A number of new topics have been included to provide holistic advice on the **principles of palliative care**, and detail on specific **symptom management** at the end of life. The guidelines highlight that a palliative approach to care can be adopted by any healthcare provider and applied to any patient with life-limiting illness, including those with malignant or nonmalignant conditions.

An **overview of palliative care** describes how to identify patients at risk of deteriorating and dying, and the benefits of early introduction of a palliative approach to care. The importance of **advance care planning** is emphasised, with practical advice on advance care planning conversations, documentation, and communication of an advance care plan. There is also new guidance on **discussing prognosis** with a patient.

More detail on **decision-making and ethical challenges** in palliative care is provided, including the ethical aspects of withdrawing or withholding treatment. Ceasing medical interventions such as noninvasive ventilation and renal dialysis, and turning off implantable cardiac devices, are considered for patients with **life-limiting illnesses other than cancer**. Information on prognostication and symptom management is also included for this group of patients.

The **principles of paediatric palliative care** are discussed in more detail, particularly considering advance care planning for children, ethical issues and decision-making, and the importance of good communication.

New information is included on **supporting families and carers**, recognising the importance of the caregiving role, the impact on carers, and how to support families and carers. There is specific advice about **bereavement support** for adults, children, and families after the death of someone close. There is also advice for families about children visiting a person who is dying.

Information on **managing comorbidities and deprescribing** in palliative care has been expanded, with updated advice for patients with diabetes and those who are taking anticoagulants.

New information is included on formulating and implementing management plans for symptoms experienced by patients receiving palliative care. This flows on to individual topics about **pain management, fatigue, respiratory symptoms, gastrointestinal symptoms, psychological symptoms, neurological and neuromuscular symptoms, dermatological symptoms, genitourinary symptoms, haematological problems and paraneoplastic syndromes**. Clear advice is also included for **emergency care presentations**, which applies to patients in hospital and in the community.

Advice about **assessing and managing pain** in palliative care patients, which differs from pain management in the general population, has been extensively reviewed and reformatted to improve clarity. Two new tables are included to suggest how to change to a new opioid formulation or route of administration, and how to manage opioid adverse effects frequently seen in palliative care.

The **dermatological symptoms** topic includes a stepwise approach to the management of itch and sweating, recognising that these symptoms can affect quality of life and are often underestimated in palliative care patients. More detail is also included on assessing and managing **distress, anxiety** and **depression** in patients with life-limiting illness.

The management of patients in the **terminal phase** has been extensively revised and expanded to include new information on preparing for the last days of life and anticipatory prescribing. New detail is included on the management of common symptoms in the last days of life, and how to explain this phase of care to a patient and their family.

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