Palliative Care Bulletin May 2019

Articles

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A high-impact approach to death and dying training.
[[Comment] Discussion of providing valuable learning within the area of breaking bad news. The approach discussed follows these areas: the scenario; low cost; high impact, but with simple learning outcomes; solid debriefing. ]
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A systematic scoping review of diagnostic validity in avoidant/restrictive food intake disorder.
[The introduction of the ARFID diagnosis has undoubtedly increased the recognition of a previously largely neglected group of patients. To increase the conceptual validity of the ARFID construct, several possible alterations to the current diagnostic criteria are suggested, including a stronger emphasis of the three identified subdomains and further clarifying the boundaries of ARFID.]
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Advance decisions to refuse treatment.
Griffith R. British Journal of Nursing 2019;28(9):592-593.
[The author considers the case of NHS Cumbria CCG v Rushton [2018], and the importance of recording and giving effect to advance decisions to refuse treatment.]
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Attitudes and perceptions of paramedics about end-of-life care: a literature review.
[Systematic literature review examining current evidence. Five themes emerged, which suggest that paramedics are not prepared to work with crisis situations involving the end of patients' lives: emotional resilience; decision making; communicating death; recognising dying patients; and death education. The current review concludes that the dearth of data is not preventing improvements in services, nor education and training in this field. ]
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Chronic use of tramadol after acute pain episode: cohort study.
[To determine the risk of prolonged opioid use in patients receiving tramadol compared with other short acting opioids.]

Evaluating the implementation and impact of a pharmacy technician-supported medicines
administration service designed to reduce omitted doses in hospitals: a qualitative study.
[The findings of this study suggest that the implementation of a pharmacy technician-supported medicines administration scheme to reduce omitted doses may be acceptable to staff in an NHS hospital, and that issues with service fidelity, staff resource/capacity and perceived interventions to avoid dose omissions have important implications for the feasibility of extending the service.]

How organisations contribute to improving the quality of healthcare.

Improving the nutritional intake of hospital patients: how far have we come? A re-audit.
[The proportion of patients meeting the Digest standards has increased considerably following numerous food service changes. Nutritional training for housekeepers, energy/protein-dense snacks and drinks, and fortified dietary items may further increase nutritional intakes. Additionally, as a result of discrepancies between the Digest standards and individual estimated requirements, more research is required to identify the most appropriate auditing standards that reflect best practice.]

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Managing common end-of-life cancer presentations according to the evidence.
[Review of the evidence around the management of common cancer presentations at the end of life. In particular, the article considers the psychological effects of a terminal diagnosis, management of breakthrough pain, breathlessness and neutropenic sepsis.]

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Manualised cognitive-behavioural therapy in treating depression in advanced cancer: the CanTalk RCT.
[Cognitive behavioural therapy delivered through the Improving Access to Psychological Therapies Programme did not achieve any clinical benefit in advanced cancer patients with depression.]

Nursing interventions and research contribute to transforming health outcomes and improving the patient’s experience of living with cancer.
Moradian S. Evidence-Based Nursing 2019;22(2):53.
[Cancer nurses have been involved in delivering varied, multifaceted and complex interventions using different methods, although the clarity and transparency of intervention reporting in trials was less than optimal. The largest number of identified nurse intervention trials focused on teaching, assessment and monitoring and the provision of supportive care (symptom management and self-care) or psychosocial support and were delivered using multiple modes (face-to-face, telephone, online).]

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**Our role in a family’s crumbling world.**
[A newly-qualified paramedic shares her personal experience of loss and provides a reminder of just how much a paramedic's role matters to the families who call you to the scene of their loved one's death.]
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**Outcomes of Cancer Patients Discharged From ICU After a Decision to Forgo Life-Sustaining Therapies.**
[Many cancer patients are admitted to an ICU and decisions to forgo life-sustaining therapies are frequent during ICU stay. A significant proportion of these patients are subsequently discharged from ICU, but their outcomes are unknown.]

**Parental experiences of end of life care decision-making for children with life-limiting conditions in the paediatric intensive care unit: a qualitative interview study.**
[Conclusions: The death of a child is an intensely emotional experience for all involved... The expertise and previous experience of parents is highly relevant and should be acknowledged. End of life care decision-making is a complex and nuanced process; the information needs and preferences of each family are individual and need to be understood by the professionals involved in their care.]

**Pressure ulcers in patients receiving palliative care: A systematic review.**
[The prevalence of pressure ulcers is higher in patients receiving palliative care than the general population. While this should not be an excuse for poor care, it does not necessarily mean that inadequate care has been provided. Skin failure, as with other organ failures, may be an inevitable part of the dying process for some patients.]
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**The role of service factors on variations in place of death: an observational study.**
[Almost all service categories were associated with some of the variation in place of death, with service type and capacity having the strongest link.]
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