Palliative and End-of-Life (EOL) Care in the Emergency Setting

Description

Emergency nursing has a broad scope of practice involving the care of patients and their families throughout the continuum of health and the lifespan. Emergency nurses commonly care for patients with advanced, serious illnesses or injuries, or who are nearing the end of their lives.¹ This places emergency nurses in a unique position to change the focus of assessment from chief complaint and acuity to that of ED care which includes palliative and end of life (EOL) care.² ⁴ Challenges to providing palliative and end-of-life (EOL) include; time constraints, prioritization of patient care, emergency department (ED) design, and the lack of formal education and resources on the topic of palliative and EOL.⁵ ⁹

Multiple definitions of palliative and EOL care exist in the literature. The World Health Organization has defined palliative care as an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.¹⁰ Family has been defined in many ways. For the purposes of this publication, the term “family” includes heterosexual or same-sex partners, with or without children, married or not, single-parent households, extended family members, and cohabitating couples, among others.¹⁵

Palliative care is not solely reserved for patients at the EOL. Palliative care is provided from the moment of diagnosis, concurrently with curative or disease-modifying therapy, as well as when illness is in its most advanced stages. Other sources further explain it as care that includes optimizing the quality of life; giving attention to emotional, cultural, social, and spiritual needs of the patient; involving family; preserving patient autonomy and rights; providing pain management; and supporting patient and family medical decision-making.⁴ ⁷ ¹¹ Additional alternative care practices that allow the patient and family members to better manage the EOL experience include Allowing Natural Death (A.N.D.) and Physician Orders for Life-Sustaining Treatment (POLST).¹² ¹⁴ Integral to the core of these approaches is thoughtful, perceptive, open, and respectful communication of the goals of care.

ENA Position

It is the position of the Emergency Nurses Association that:

1. Emergency nurses perform an essential role in providing life-sustaining treatment as well as providing palliative and EOL care.

2. Emergency nurses support family presence during assessment, treatment, resuscitation and EOL care based on institutional policies and assist to develop such policies if they are not in place.

3. Emergency nurses lead and manage collaborative efforts with physicians and other members of the healthcare team including the palliative care team endorsing philosophies supporting quality palliative and EOL care in the emergency setting.

4. Emergency nurses receive training, education, and mentorship on the topics of palliative and EOL care.

5. Emergency nurses assess and identify patients and families that may potentially benefit from this specialized approach to care.

6. Emergency nurses use ethical principles including the involvement of their institution’s ethics committee to assist in navigating through ethically challenging situations.
7. Emergency nurses lead or participate in performance improvement projects to improve the care of individuals as well as to improve processes of care within and across healthcare agencies.

Background

The skill set and knowledge base required of the ED nurse is comprehensive and encompasses the life span of the patient. The primary commitment to the patient requires the ED nurse to maintain competency in the lifesaving and sustaining treatment as well as palliative and EOL care. When surveyed, ED nurses have cited a renewed passion in the caring aspect of the nursing profession and the enhancement to their personal growth and development. The role of direct care provider of the American Nurses Association (ANA) and the Hospice and Palliative Nurses Association (HPNA) issued a joint position paper calling for nurses to “Lead and Transform Palliative Care”. In the joint position statement, “Every nurse should have the knowledge, skills, and abilities to provide primary palliative nursing”.

Families are defined by the people within the family themselves. As a mainstay of our society the family is undergoing social and cultural change within the traditional definition. The Department of Health Resources & Services Administration has defined the family as “a group of two or more persons related by birth, marriage, or adoption who live together, a such related persons are considered as members of one family.” The traditional definition is self-limiting and restricting to legal and blood relation, while the subjective definition allows the members that family unit to define the term “family member.” The inclusion of the family at the bedside of the EOL and palliative care patient can be challenging in terms of space and resources in the busy setting of the ED. It is important that emergency nurses be directly involved with the future planning of the physical space to include more room for families at the bedside during resuscitation and EOL care with privacy and workflow as the number of patients expected to present with EOL considerations is expected to increase due to the aging populations and longer lifespans.

Emergency nurses are often the person who spends the most time involved in direct care of the patient and their families. As such, they may be the first to recognize and acknowledge the personal choice priorities identified by patients and families. The emergency nurse is an integral member of the healthcare team and has a commitment to patients and families to serve as the patient advocate in the collaborative healthcare team. The healthcare team including emergency physicians and the palliative care team will collaborate with the ED nurse to meet the needs of the EOL and palliative care patient, and acknowledge that the early integration of palliative care measures may reduce ED visits and hospitalizations by 50% which is a quality indicator for palliative care.

The emergency care setting is a chaotic environment that challenges the emergency nurse to prioritize the care of the EOL and palliative care patient. Specialized training has increased the emergency nurses comfort level with and ability to initiate conversations centered around the need to initiate and provide EOL and palliative care in this setting. A consistent theme in the current research is the emergency nurses request for more formalized education on the topic of EOL and palliative care to increase their confidence and ability to provide this needed specialization. Education available to emergency nurses include the national curriculum, Education in Palliative and End-of-Life Emergency Medicine (EPEC-EM), created to educate emergency nurses, physicians, social workers, and others about emergency-specific palliative and EOL care, the End of Life Nursing Education Consortium (ELNEC) curricula.

The identification of patients and families that may benefit from the implementation of EOL and palliative care in the ED is a challenging one to nurses and physicians in the ED setting. Traditionally focused on intervening in emergent resuscitative efforts, a change in mindset is required to identify this growing population. Due to the steady rise in life expectancy and prevalence of end of life comorbidities in combination with an increased volume in patients from the such efforts as the Affordable Care Act in emergency patient populations, there is a need for early identification and intervention in the ED. The Surprise Question (SQ) screening tool has demonstrated effectiveness in the early identification of the symptomatic heart failure patient. The ED physicians answer to the question “would you be surprised if this patient died in the next 12 months?” The benefit to the patient and family of early implementation of EOL and palliative care measures are increased comfort and decreased ED and hospitalizations for symptom control. The ED nurse, as an important part of the healthcare team, can discuss the SQ question with the emergency physician after assessing patients and families providing a critical service to patients and families.
Resources


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Developed: 2002.
Approved by the ENA Board of Directors: September 2002.
Revised and Approved by the ENA Board of Directors: March 2005
Revised and Approved by the ENA Board of Directors: December 2010
Revised and Approved by the ENA Board of Directors: September 2013
Approved by the ENA Board of Directors: To be inserted after approval


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