

Role of the nurse in palliative care within A&E

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I am a nurse working for 10 years in Accident & Emergency (A&E) department at the University Hospital Crosshouse.

I was approached to undertake an education programme in palliative care by my manager. I have always expressed a special interest with patients who present at end of life and I recognised that improvements were required within our clinical area.

At this time experiences of patients needing palliative care in A&E were:

Patients at the end of life were often brought to A&E and rarely offered any palliative care services

The education programme consisted of an online Practical Palliative Care module and 5 day placement which was developed by the University of the West of Scotland (UWS).

The module had 5 components where I learned about:

- Current issues and challenges in palliative care facing practitioners in primary care
- Pain management
- Symptom management
- Bereavement care and support
- Experiential opportunity (5 days) to shadow members of the different specialist palliative care teams

The education programme linked with our local Ayrshire Hospice teams. The entire programme was funded by Macmillan Cancer Support.

My experiences

the academic module:

I am grateful for being given the opportunity to learn about the standards of care that should be offered to patients nearing the end of their lives and endeavour to meet these requirements as set out in "Living and Dying Well".

the placement with specialist palliative care teams:

This was invaluable and although the academic module formed the basis for my learning I felt this is where I gained first hand experience of how to meet the needs of patients at end of life.

On completion of the education programme in January 2012, I returned to my workplace and looked at how we in A&E catered for this group of patients.

The following is a list of examples where improvements have been made with the help of my manager and colleagues:

- Improvements in symptom management mainly involving pain relief.
- The recognition of choice; discussions are taking place with patients and their families with regards to whether they want to be in hospital or not.
- Actively intervening in the best interests of patients when they have been referred into the emergency department but could be discharged home – using the knowledge I gained from undertaking the practical palliative care module.

I feel I have gained greater knowledge and confidence from participating in this programme:

... it has given me the opportunity to enhance care for our patients nearing the end of their life and by working alongside our colleagues in palliative care the collaboration of both specialities has influenced the quality of care that our patients and families deserve/receive.

I am continuing to work in A&E and we are currently considering if there is a way to access anticipatory care plans for patients at end of life. There is an improved awareness in the emergency department of the importance of assessment of the patient who may be in the last year of their life and of their choices. An example of this is reflected below.

John

Arriving in the emergency department my thoughts take me back to the last time I was here, it was hectic and noisy and I was left lying on a trolley, waiting for a bed in a hospital that I did not want to be in, nothing was done for me, I just don't want to be here.

A nurse introduces herself and asks me how I am - I am nearing the end of my life and I want to be in my own home with my family beside me but my pain is so severe and my family are struggling. I hear the nurse talking to my family who relay my experience the last time I was in the emergency department - again its noisy and hectic.

The nurse appears to be reassuring my family; I hear words like anticipatory care plans, symptom relief, hospital palliative care team, hospice services, this means nothing to me, I just want to go home.

The nurse tells me she is moving me to a quieter area which she does

-what a difference!

She returns with a doctor and together they seem to be spending time talking with my family who know my wishes. I feel compassion in their words, I feel my pain easing slightly after the needle is placed in my tummy. I hear the nurse tell my family someone else will come and speak with us, a nurse from the hospital palliative care team which she does. She tells me I can go home, I listen to her speak with my family about who will visit me tonight and who will do what.

The ambulance arrives to take me home, I can't believe it, I don't have to stay in hospital, what a difference from the last time.....