

# Poster title: Impact of the Palliative Care Guidelines on Practice

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## Introduction

The purpose of the Scottish Palliative Care Guidelines is to provide in a readily usable format, practical, evidence-based or best-practice guidance on a range of common clinical issues.

In order to assess the impact of the guidelines on patient care, a survey was circulated to palliative care networks and published on the guidelines website. The survey asked five questions to establish which guidelines are most used, how they are used in practice and what alternative sources of information practitioners use.

## Results

- 44 Responses received

### Most popular guidelines – top 5:



"I use the guidelines to underpin all of my teaching"

"I use the guidelines on a daily to weekly basis. "

"I use the palliative care guidelines on a weekly basis (on average)."

" I frequently refer to the guidelines - and also encourage others to use them."

## Use in practice

The survey asked: What was the **situation**? What **action** did you take as result of using the guidelines? How did this **impact** on the patient/family?

### Situation

- Patient with gastric cancer admitted to a surgical ward after frequent hospital admissions for gastric drainage. On this admission, they were referred to the hospital palliative care team due to a complete bowel obstruction and the team wanted advice on nausea and vomiting as the patient was too frail to operate.

### Action

- As the absorption of medications was unclear and the acute nature of the obstruction, I suggested converting MST dose to an appropriate Morphine dose to be given subcutaneously via a syringe driver. I advised against the previously used PRN medication, which was Metoclopramide, this was discontinued and Cyclizine added to the syringe driver, 50mg initially with additional PR doses available. The patient was quite frail so I suggested that anticipatory medications be prescribed and recommended as per the guidelines.

### Impact

- I was able to explain to the patient and family that these treatment choices are suggested by the national guidelines and why they were appropriate for this particular condition and situation. The patient died a couple of days later with anticipatory medications available, pain well managed, able to take sips of fluid as preferred until the last stages of their life. The nausea settled itself once the bowel was rested.

The Palliative Care Guidelines can be found at:  
<http://www.palliativecareguidelines.scot.nhs.uk/>

For more information, contact:  
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