



## MODULE 3

# Palliative assessment and intervention

**To understand** a person's symptoms and identify appropriate intervention strategies, a comprehensive, multidimensional approach to assessment is needed.

### OVERVIEW

**MODULE 3: Palliative assessment and intervention** will help you develop the knowledge and skills needed to identify the health needs of people with life-limiting illnesses. The resource will also help you develop your understanding of the principles for managing common clinical problems in palliative care.

### AIMS & OBJECTIVES

After completing this module, you should be able to:

- describe the epidemiological and clinical features along the illness trajectories of specific life-limiting illnesses
- explain the principles for assessing common symptoms and health problems associated with life-limiting illnesses
- explain the principles for management of common symptoms and health problems associated with life-limiting illnesses.

**ACTIVITY 1: Life-limiting illnesses**

**THINKING POINTS**

1. Refer to the glossary and review definitions of the following terms:

- life-limiting illness
- illness trajectory
- prognostic factors.

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2. Choose one type of cancer (for example, lung cancer) and one non-cancer life-limiting illness (for example, chronic heart failure). Research the literature and answer the following questions:

a) Identify current epidemiological data relating to incidence and survival rates

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b) Identify classifications, staging, grading and/or prognostic factors

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c) What types of health problems or needs might arise throughout the course of the illness trajectory for these conditions?

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d) How are these trajectories similar or different to that of a frail older person who is dying?

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3. Review the Trajectories of Eventually Fatal Illness diagram and the three typical case studies and answer the following questions:

a) How are these trajectories similar or different to that of a person who is dying as a result of the ageing process?

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b) How might goals of care be influenced by an understanding of illness trajectories?

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4. How could you use the data you've found about illness trajectories to assist your clinical decision-making and to provide support to people with life-limiting illnesses and their families?

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5. What limitations does the data have in guiding clinical care?

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## ACTIVITY 2: Herbert's story



### THINKING POINTS

1. Review the document *Guidelines for the prevention, detection and management of chronic heart failure in Australia* (2011) National Heart Foundation of Australia:

a) Identify the incidence of heart failure in the Australian population.

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b) How is heart failure classified and what is the relationship between classification and prognostic factors?

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c) What were the clinical indicators that guided the physician's decision to re-classify Herbert's condition as Class III?

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d) What is the possible course of disease progression for someone with Herbert's condition? Consider the following factors:

- prognosis
- common symptoms
- support needs that might arise as his disease progresses
- other factors that might influence the course of his disease.

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2. Within the scope of your own discipline, develop an holistic care plan for Herbert.

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3. What does Herbert's statement of "I've got a lot of living to do" indicate about how he might view his disease?

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**ACTIVITY 3: Symptom Assessment**

**THINKING POINTS**

1. What does it mean to say that symptoms are subjective?

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2. What does it mean to say that symptoms are multidimensional?

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3. Describe the clinical history and investigations you would undertake to assess the causes and effects of breathlessness in patients with chronic heart failure?

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4. How might the etiology and experiences of breathlessness be similar or different for people with advanced lung cancer?

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## ACTIVITY 4: Six months later



### THINKING POINTS

1. Describe the similarities and differences when undertaking a clinical assessment and investigations for patients with Class I and Class IV Heart Failure. Provide reasons for your answer.

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2. What observations do you make from the video that indicate deterioration in Herbert's condition?

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3. Consider Herbert's experience with his illness over the past six months.

a) Identify the incidence of heart failure in the Australian population.

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b) How is heart failure classified and what is the relationship between classification and prognostic factors?

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4. What are the common symptoms or clinical problems that he may now be experiencing?

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5. What are Herbert's psychosocial needs likely to be now that his condition is deteriorating?

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6. Consider Herbert's disease and review the pathophysiology of:

a) Fatigue

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b) Loss of appetite.

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7. How are the fatigue and loss of appetite impacting on Herbert's quality of life?

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## ACTIVITY 5: Expert opinion



### THINKING POINTS

1. List the key principles for undertaking a multidimensional assessment of the symptoms for people with advanced life-limiting disease.

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2. Watch the video of the palliative care physician. The palliative care physician provides key points on managing symptoms for patients with advanced disease. Compare the points made by the palliative care physician with those you have identified.

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## ACTIVITY 6: Assessment tools

### THINKING POINTS

1. Visit the International Association for Hospice & Palliative Care website and identify an assessment tool that might be used to assess the symptom of breathlessness.

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2. Comment on whether the tool assesses the multiple dimensions of the symptom.

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3. Comment on whether the tool assesses the individual's experience of the symptom.

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4. Comment on whether the tool is useful for assessing breathlessness associated with different conditions such as chronic heart failure or advanced lung cancer.

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5. What advantages and limitations would this assessment tool have in practice?  
Provide reasons for your answer.

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**ACTIVITY 7: Palliative interventions**

**THINKING POINTS**

1. Investigate two symptoms of your choice using the following headings:

a) Underlying causes

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b) Effects on emotional, social and spiritual wellbeing

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c) Pharmacological interventions

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d) Non-Pharmacological interventions

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e) Monitoring the effectiveness of interventions.

## ACTIVITY 8: His illness progresses



### THINKING POINTS

1. What symptoms does Herbert describe?

a) What are some of the causes of these symptoms?

b) What are the treatment goals?

2. The palliative care physician recommends both pharmacological and non-pharmacological interventions for managing Herbert's breathlessness. Identify the supporting evidence and the likely mechanism of action for the following interventions

- opioids
- relaxation
- fans
- activity pacing
- oxygen therapy.

3. Herbert expresses some concern about taking morphine for his breathlessness.

a) Was the physician's response adequate? Give reasons for your answer.

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b) What further suggestions do you have for addressing patient concerns about palliative treatments?

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4. What other pharmacological agents might be considered to treat Herbert's breathlessness. Provide a rationale for your answer.

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### ACTIVITY 9: Expert opinion



#### THINKING POINTS

1. Make a list of the key principles of palliative symptom management that you've learnt about in this section of the module.

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2. Watch the video of the palliative care physician by clicking on the Expert opinion icon. The palliative care physician provides key points on managing symptoms for patients with advanced disease. Compare the points made by the palliative care physician with those you have identified.

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