Pain in the palliative care patient
GP Case Study

Date: 3/6/21	GP presenter: Lyn Eggleston, Epping NSW

Patient information: please do not include any person identifiable information on this form.

Please complete as much of the form as possible. It is fine to be brief and to use abbreviations, etc. The form will be used as a guide to support you with presenting your case and as a tool to refer back to help you with managing the case.

Age: 85	**Gender:** Male

What are the main questions or concerns you have about this patient?

How to adjust his current analgesia (buprenorphine patch 30mcg/hour; regular paracetamol; amitriptyline (for analgesia and mood); and PRN oxynorm liquid) to allow for cachexia (is the patch working); increasing dementia; and NOW he has an SBO from his parastomal hernia and is in the hospital.

Multiple allergies
BPSD
Underlying personality style
Family in denial
Wife has just had a stroke and he does not know this
Short gut from bowel surgery complicated by reforming of stoma x3, no longer operable.
SBO Dec 2020 from inoperable parastomal hernia.
Admission for anaemia and iron deficiency from unknown cause-early this year had iron infusion/transfusion and blood stable.

Tick all that apply below to indicate what you hope to know more about for this case:

*	Pain and symptom management
*	Communication (e.g. addressing goals of care, delivering bad news, etc.)
*	Spiritual, emotional and/or existential distress
*	Advance care planning-have tried, maybe the family are ready to hear now.

Please be sure you have not included any person identifiable information.

*	Ethical issues
	Other (please specify)

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Brief history of present illness: **Acute presentation with N and V and pain on b/g of slow deterioration and multiple underlying issues**
Current and past medical history: **Alzheimer disease** **Prostate cancer** **Bowel cancer-colectomy and colostomy** **Trochanteric bursitis** **Recurrent UTI** **Cholecystectomy** **L5/S1 radiculopathy** **Osteoporosis** **Sub-acute bowel obstruction (recurrent)** **Androgen deficiency** **Essential tremor** **Chronic pain** **Depression** **Hypomagnesaemia** **Hypokalaemia** **Short gut syndrome** **Vitamin B12 deficiency** **Iron deficiency** **Anaemia** **Painful stoma** **Recurrent small bowel obstruction due to parastomal hernia (inoperable)** **Falls** **BPSD** **Blood transfusion** **GOR** **RIGHT lower leg DVT**
Current medications and therapies: **Omeprazole 20mg BD** **Nortriptyline 50mg nocte** **Calcium/cholecalciferol 600mg; 400IU BD** **Activated charcoal capsule 200mg TDS** **Chlorvescent 14mmol effervescent tablet 2 tablets BD** **Esomeprazole granules 10mg midi** **Buprenorphine 30mcg/hr patch weekly** **Paracetamol CR 665mg tablets 2 tablets TDS**

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Oxycodone liquid 2mg PRN every 1-2 hours **Perindopril 4mg mane** **Questran light (cholestyramine) 4g BD** **Risperidone 1mg/mL solution 0.5mg mane, 1mg nocte** **Trimethoprim 300mg daily** **Clexane has been ceased.**
Previous medications and therapies: **Severe illness with wound breakdown in 2008 led to 6 months in hospital including hyperbaric oxygen therapy.**
Allergies/adverse drug responses: **Penicillin-rash** **Tramadol-rash** **Prazocin-oedema** **Gabapentin-severe rash** **Mirtazapine-abdominal discomfort** **Citalopram-bone marrow suppression** **Duloxetine-bleeding from stoma** **Testogel-rash** **Cephalexin-vommiting** **Amoxicillin-rash** **Reandron-agitation**

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Social and spiritual history:

Worked as an engineer
Short tempered (nover seen in rooms)
Married with 4 children
Admitted to NH after violent episode at home
Wife has just suffered CVA and is in rehabilitation

Advance care planning

- DNACPR **Yes**
- Advance decision to refuse treatment **No**
- Lasting power of attorney **Yes**
- Mental capacity assessed: Yes **if yes:** DOLs in place **Yes/No**

Comments or concerns – please indicate below

I have called on the geriatrician at AART to assist.
Wife has just had CVA.
Difficulty in communicating severity of illness and frailty of patient to family. Used SPICT, family in denial.

Review of Systems:
Please rank all symptoms even if absent where 0 = none, 1 = mild, 2 = moderate, 3 = severe, 4 = Overwhelming

2	Pain
0	Shortness of breath
2	Weakness or lack of energy
2	Depression
3	Nausea
3	Vomiting
2	Poor appetite
0	Constipation
1	Sore or dry mouth
3	Poor mobility

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Any other information you feel is important:

The SAN is not likely to want to keep him and the family have been resistant to palliative care referral.

We can manage some things with Hammondcare Palliative care in the NH bbut as someone who works 2 half days in GP, it is a big ask. If it is just a pain/comfort care situation we can manage, but if the family want IVT/IVAb (and given his previous electrolyte problems he would need a lot of monitoring) it can be difficult.

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