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## END OF LIFE CARE EXPERIENCE AT THE PAEDIATRIC ONCOLOGY UNIT AT THE UGANDA CANCER INSTITUTE: WHAT ROLE CAN ONCOLOGY NURSES PLAY?

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**Background:** The majority of childhood cancers are curable; but this is not yet true for low resource countries. In Uganda, cancer care is only at the Uganda Cancer Institute. The institute receives averagely 4,300 patients annually with approximately 8% being a proportion of children. The mortality rate is about 70% annually that is every three in five children diagnosed with cancer will not survive past one year after cancer diagnosis. Here, we reviewed the factors contributing to poor outcomes and potential solutions.

**Objectives:** The objective of this study is to determine the role of oncology nurses at the end of life care of children diagnosed with cancer.

**Findings:** Majority of the children were present with advanced diseases at cancer diagnosis. The chemotherapy is prescribed for palliative intent more frequently and high rates of complications are observed. Family involvement in decisions regarding the role of palliative chemotherapy at end of life is undocumented. The concept of quality of life for cancer patients with advanced cancer is not well perceived among care takers and some clinicians at UCI. Nurses play an integral role, identifying symptoms, providing care coordination, and assuring clear communication.

**Conclusions:** Educational initiatives for patients, families and health-care providers are essential. The oncology nurses play a key role in the multidisciplinary team approach to paediatric patients at end of life care.

## EMERGENCY MEDICAL SYSTEM AND NURSING HOME PATIENTS: IS THERE A WAY TO BETTER USE EXISTING RESOURCES TO IMPROVE THE QUALITY OF CARE?

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**Background:** Our population is aging. There is a growing number of nursing home (NH) residents who benefit from ambulance transport to the emergency department (ED), which are not known to be 'seniors friendly' and are often on surge capacity. Simultaneously, we face a reduced availability of general practitioners (GP) to visit these patients prior their transport to the ED.

**Hypothesis:** Many NH patients are transported by ambulance to the ED without having benefitted from a medical evaluation on site. Palliative and end of life care could sometimes be provided on site rather than having the patient transported.

**Setting:** The State of Vaud (Switzerland) dispatch centre sends ambulances and, when a life-threatening situation is suspected, a prehospital emergency physician (PEP).

**Results:** We previously published a case series where PEPs have been able to provide palliative and end of life care on site, according to the patient and relative's will, and we with the support of the NH.

**Discussion:** EMS systems that dispose of PEPs should use this resource not only for life-threatening emergencies but also to provide palliative and end of life care, when all parties (patient, relatives, NH) agree with this strategy, therefore avoiding unnecessary transport to crowded ED.