Regional Palliative Care Services

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Severe Bleeding in Palliative Care

By Seth Gysbers, Palliative Nurse Consultant

There are certain instances where dying does not go well or has the potential to be traumatic. Severe bleeding, amongst a host of other palliative emergencies, is one such instance that clinicians must do as much as possible to be prepared for. This involves identifying patients who are at risk, discussing, developing, and communicating a plan to the team and patient/family.

The BC Centre for Palliative Care (BCCPC) defines severe bleeding in the new palliative care symptom guidelines as “a large amount of blood loss” (2017). Elaborating further that the presentation is variable in terms of volumes, speed (oozing vs a catastrophic bleed), visible or invisible (internal vs external), continuous or intermittent, and lastly localized bleeding versus bleeding from multiple sites. Severe bleeding/massive hemorrhages occur in less than 2% of patients in the palliative care setting (BCCPC, 2017). Despite being infrequent, when a massive bleed happens, it can be traumatizing for the client, family and caregivers.

Patients at Risk of Severe Bleeding

Knowing whether or not a patient is at risk of severe bleeding depends somewhat on the nature of the underlying condition and the patient’s history of

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past bleeding. The BCCPC (2017) classifies bleeding causes in palliative care into six categories: “1. cancer invasion and destruction 2. treatment related causes 3. thrombocytopenia/ marrow failure 4. nutritional deficits 5. drugs and 6. coagulation disturbances.”

According to Northern Health’s Palliative Care Symptom Guidelines (2008) and the BCCPC (2017) specific conditions typically associated with higher risk of severe bleeding include patients with larger head and neck tumours and large centrally located squamous cell carcinoma of the lung. Severe liver disease, marrow failure, thrombocytopenia, myelodysplasia, refractory leukemia, large unstable aortic aneurysms, disseminated intravascular coagulation (of varying etiology), bleeding from ulcers or from the bowel are among other causes of bleeding in the palliative care setting.

When one thinks about cancer and what occurs in the body (putting pressure on, replacing, or destroying normal tissues) it makes sense that when it causes failure of the bone marrow or starts to infiltrate and destroy large arterial walls that a patient is understandably at a heightened risk of severe bleeding.

Treatments like high dose radiation have the potential to also cause erosion/weakening of blood vessels, or in the case of high dose or prolonged chemotherapy - bone-marrow failure. In failure of the bone-marrow the body can lose the ability to clot. Whereas a minor bleed may be easy to stop in an average person, there is significant risk for someone whose bone marrow is not functioning. Surgical resecting some tumours may also present increased risk as tumours are often highly vascular and/or may be connected to major blood vessels. Close proximity to blood vessels in the post-operative phase may also increase risk of bleeding especially if infection or impaired wound healing occurs or is expected.

Medications other than chemotherapy may also increase your patient’s risk of bleeding. These include drugs from the following classes: anti-retrovirals, anti-coagulants, antidepressants, corticosteroids and NSAIDs (BCCPC, 2017). For a more detailed list please refer to the BCCPC severe bleeding guideline. Many of these drugs increase risk by either causing irritation/erosion of different tissues or by impairing clotting. Careful consideration and discussion around the pros and cons of all current medication management/treatments should be undertaken. Requesting a medication review from a pharmacist may be helpful in determining drugs that increase bleeding risk.

Planning and Management of Bleeding

Once you have identified someone as being at risk of a severe bleed undertake a thorough history and physical examination. Be especially aware that a history of bleeding “in the form of hemoptysis or bleeding from a malignant neck wound may signal an impending severe bleed” (BCCPC, 2017). Ensure that a discussion has occurred with the patient/family about their understanding of their illness and goals of care. As per the BCCPC, identification of any potential reversible causes of bleeding is important as it may be possible, if in line with the patient’s goals, to treat the underlying cause.

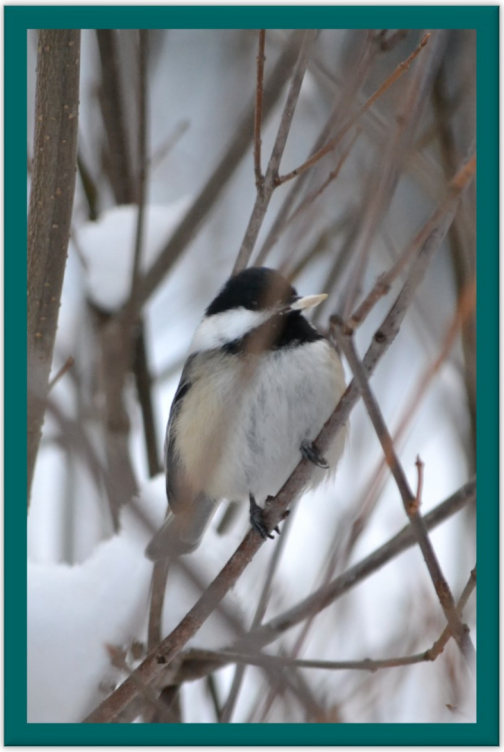

Photo courtesy of Sandra Stanley

Preparing patients and their family for what to expect and how to react to a severe bleed is important. The BCCPC Palliative Symptom Guidelines (2017) suggest that while medication may have an important role in comfort in instances of severe bleeding it is important to remember that in instances of sudden catastrophic bleeding, that being present with the patient may be one of the most important interventions. They also recommend staff/family are familiar with the ABCD re-

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ABCD Response	
A - Assure	Assure patient this event has been anticipated. Reassure that you will stay with them throughout.
B - Be Present	Stay with patient. Considered the most important intervention. Ensure that someone is with the patient at all times.
C - Calm, Comfort	Employ intensive calmness. Comfort: verbally soothe, hold, touch or hug them.
D - Dignity	Maintain patient dignity. Minimize visual impact. Cover patient with dark towels or sheets. Use basins, sheets or absorptive dressings with an impermeable backing. Clean patient face with moist cloths often.

BCCPC, 2017

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sponse (see table above). Lastly preparations like developing a bleed kit and ensuring there is an individualized plan in place useable by professionals and family are important.

The bleed kit as mentioned above is a great idea for any client at risk of severe bleeding. It may consist of things like “dark towels, face cloths, gloves, towels, plastics sheets and a biohazard bag” (BCCPC, 2017). Dark towels can help reduce the visual impact of the blood while damp face cloths are helpful in providing comfort by wiping blood from the patient’s face and mouth. Plastic gloves, aprons and plastic sheets can be used for self-protection and reduce contamination of other surfaces (floors, furniture, and clothing).

Other non-pharmacological interventions to consider during a major bleed, as per the BCCPC (2017) include positioning. Placing the client on their left side or in the recovery position is often helpful. If the client happens to be bleeding into their lung and you are sure that it is primarily in one side position the client in the lateral/recovery position with the suspected bleeding side down. Sometimes clients feel cold, warm blankets may help offset hypothermia that can occur as the patient loses large volumes of blood. If bleeding from an external wound applying pressure may also be appropriate. As much as possible try to not leave the client alone. Summon help, if available, to grab the kit, stay with the patient, or obtain medication the physician prescribed for this situation.

When a major bleeding event occurs, medications can be helpful in terms of alleviating distress. Typically midazolam SC is prescribed as a sedative (IV preferred if access is present) and an opioid if the patient had pre-existing pain/dyspnea. The BCCPC new provincial guidelines (2017) and NHA’s Adult Palliative Care Crisis Orders provide more specific direction in regards to recommended doses and frequency of administration. The goal with these medications is to relieve distress as quickly as possible (BCCPC, 2017). Having emergency medications ordered, pre-drawn, with SC butterflies in situ may help reduce time to administer these medications.

Ultimately, a severe bleed is not a pleasant situation. It is important to be prepared and have a plan in place. This article was written to draw your attention to the BCCPC new Palliative Care Symptom Guidelines. There is a lot of great information, tools and ideas that have been compiled from across the province that you will be available for use in your practice.

Resources:

BC Center for Palliative Care. (2017). Severe Bleeding. In *BC Palliative Care Symptom Guidelines*.

NH Hospice Palliative Care Program (2008). Palliative Care Symptom Guidelines, 2nd Ed.

Meet the Newest Team Members

Welcome Janet Grainger

Janet recently joined the Palliative Care Consultation Team as the new administrative assistant in November. She has come to us from Community Nursing where she started with Northern Health just over 3 years ago. Prior to that, she worked in community corrections and medical transcription. Janet is looking forward to her continued growth in this new and challenging role that will allow her to showcase a bit of her creativity.

At home, she's loves spending time with her husband and 2 kids but mostly her chocolate lab, Ranger Grainger. So if the above doesn't make you want to meet her, you should also know that she enjoys baking cakes and cupcakes for her coworkers.

Welcome Patti Doering

Patti was raised in Prince George and graduated from the CNC Nursing Program in 1991. She has been employed with Northern Health for 26 years and has worked in many different areas such as Med/Surg, Emergency, Mental Health and the Operating Room. Over the years Patti has developed leadership skills by mentoring co-workers as a Resource Nurse, In-charge and preceptor.

Patti joined the Palliative Care Consultation team in October, in a year term position which is focusing on personal support worker palliative care education, advanced care planning education/ promotion work, designated bed policy updating/review, plus other projects which are supporting the work of the consultation team. Patti is presently working on her BScN through the UNBC's online program. In her spare time, she enjoys the outdoors, sports and spending time with her daughters and her schnauzer, Dexter.

Upcoming Palliative Education Opportunities

Palliative Education Sessions by WebEx/Teleconference

A team of experts in palliative care will be presenting a series of interdisciplinary webinars on palliative care. All health professionals from all care settings are invited to attend. A specific subject will be taught each month and repeated throughout the month to allow more people to participate. Webinars are recorded and provided on OurNH and the external website.

Month	Topic	Presenter
December	Neurodegenerative Disorders	Jennifer Kenny
January	Intro to new BC Palliative Care Symptom Guidelines	Jenna Hemmerich
February	Decreased Appetite & Weight Loss for PSWs	Seth Gysbers
March	Changes in Bowel & Bladder Function for PSWs	Patti Doering

If you are interested in having your name added to our distribution list, please contact Janet.Grainger@northernhealth.ca.

Please note: schedule subject to change

Pallium Canada's Learning Essential Approaches to Palliative Care (LEAP)

The Palliative Care Consultation Team will be providing LEAP education. Dates will be announced soon so please watch for this. Also, please note that it is strongly recommended to complete a LEAP prior to attending the Victoria Hospice's Medical Intensive Course (see below for more details).

Victoria Hospice Medical Intensive Course

Victoria Hospice's Palliative Care Medical Intensive (PCMI) course is coming to Prince George in April. There will be more information coming, but you can check out the link below for information on what this course has to offer.

https://victoriahospice.org/courses/palliative-care-medical-intensive-course