

Wennberg International Collaborative Spring Policy Meeting 2018 (Zurich)

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Content English

Title: Need for early identification of palliative patients in the Emergency Department to decide best supportive strategies

Abstract text:

Your abstract

Background: Although the Emergency Department (ED) is not the ideal place to start palliative care, in reality, it is frequent that palliative care patients present in the ED and need urgent care.

The aim was to investigate the median overall survival (OS) of patients in whom palliative care was started in the ED, their risk of in-hospital mortality and intensive care unit (ICU) referral.

Methods: In a retrospective analysis, we enrolled consecutively ED patients who needed inpatient care due to an end-stage disease and were transferred from the ED to the palliative care unit in a tertiary care hospital between from 2014 to 2016.

Results: We identified 194 ED patients who were in a palliative situation when admitted to the ED. 27.8% of patients did not know about their palliative situation. Of those, 21 patients knew about their underlying disease but not about the end-stage situation. Thirty-three patients (17%) received the initial diagnosis during the ED presentation.

The median OS was 27 days (IQR 11-96). 54.6% of patients died during the same hospital stay. The multivariate logistic regression analysis showed an increased risk for in-hospital mortality in ED patients presenting with abdominal pain or distension (RR 5.0, 95% CI 1.3-18.4), dyspnea (RR 6.7, 95% CI 1.4-31.6) or at age > 67 years (RR 7.0, 95% CI 1.8-26.8). Patients who did not know about their palliative situation had an increased risk for ICU referral (RR 11.0, 95% CI 4.1-29.8).

Conclusion: More than half of ED patients in a palliative situation died within one month after ED admission. Thus, patients should be informed about the palliative situation before it comes to an emergency situation. Patients presenting with abdominal pain or distension, dyspnea and increased age were at high risk for in-hospital mortality. Therefore, best supportive treatment strategies should be initiated during the ED stay, to avoid unnecessary ICU referrals and to ensure fast transfer to the palliative care unit.

Keywords: -