Clinical/Evidence-Based

Title: MULTIDISCIPLINARY DEVELOPMENT OF PALLIATIVE CARE SYMPTOM MANAGEMENT GUIDELINES

Focus Area: Clinical/Evidence Based Practice

Authors: Kerry Mahar RN, MSN, AOCN, Brigham and Women's Hospital, Boston MA US
Nancy Murphy RN, Brigham and Women's Hospital, Boston MA US
Eileen Molina RN, Brigham and Women's Hospital, Boston MA US

Significance & Background: Evidence-based symptom management is important for all areas of oncology nursing practice, but especially in palliative care where worsening symptoms can significantly decrease patients' quality of life. Prior to opening an acute palliative care unit we formed a multidisciplinary team to develop evidence-based guidelines for the symptoms commonly seen in the patients treated in our Pain and Palliative Care program. Nurses from several roles (staff nurse, nurse educator and palliative care NP) were part of this team.

Purpose: The goal was to develop a set of evidence-based guidelines to manage five symptoms: pain emergency, nausea, dyspnea, constipation and delirium. Since oncology nurses (through information published by the Oncology Nursing Society) are very familiar with evidence-based guidelines, they are often highly valued members of guideline development teams.

Interventions: After the guidelines were developed we implemented them on the inpatient palliative care unit. Whenever a patient on the unit experienced one or more of the symptoms, a member of the palliative care team, (physicians and nurse practitioners), wrote an order to implement the relevant guideline so that all of the staff would manage that patient's symptoms according to protocol. Nurses soon became accustomed to referring to the guidelines when communicating with the medical interns about a symptom and the recommended course of action.

Evaluation: The nursing staff found the guidelines easy to use and very effective in managing their patients' symptoms. Being an integral part of the development team, the nursing staff readily accepted the guidelines, even when recommendations required more aggressive interventions to maintain patient comfort. Tracking of Press Ganey scores were used to compare patient satisfaction pre-and post guideline implementation and between the palliative care unit and non-palliative care units.

Discussion: The process that we followed to develop and implement evidence-based guidelines to manage these symptoms on our inpatient palliative care unit may help other oncology nurses with guideline development. Involvement of the end-users and advocates for optimal patient care in the palliative care setting was key in the success of this program.