BSH Heart Failure Day for Revalidation and Training 2017

Presentation title: Palliative Care Case Study

Speaker: Naomi Mason

Conflicts of interest: None
Ramon

- 61 year old male
- Self referred in June 2014
- Retired Social Worker
- Lives with wife Anne, no children
- Very sociable, enjoys swimming 3 x week
- Fully independent
Past Medical History:

- Anterior MI 1996
- Paroxysmal Atrial Fibrillation
- Left sided CVA (right sided visual defect) 1999
- VT ablation 2001; Further VT episodes and Dual – chamber ICD insertion 2006
- Date of last hospital admission: 2010
Echo

23/09/2010
Severely dilated LV; poor LV systolic function with restricted filling, EF 20%;
Biatrial enlargement;
Mild AR; Mild MR Trivial TR;
Moderately to severely dilated RV with poor systolic function
Medications

- Ramipril 10mg OD
- Bisoprolol 5mg OD
- Spironolactone 25mg OD
- Furosemide 80mg mane and 40mg lunchtime
- Allopurinol 100mg BD
- Atorvastatin 10mg ON Warfarin prn
Baseline Exam

- BP 92/70 (no postural drop)
- HR 70 bpm (paced 100%)
- SaO2 99%
- Weight 83kg
- Moderate bilateral oedema to knees
- Chest Clear
- No cough No PND, No Orthopnoea 2 Pillows
- Exercise tolerance reduced to 50 yards
- U&Es 10/06/14
  - Creat 144 Na 137 K+ 4.6 eGFR 43
  - GGT 125
September 2014

- Recently saw GP
- Reduced bisoprolol to 3.75mg od
- ↑ shortness of breath
- ↑ oedema ↑ weight of 4kg
- Waking with PND
- BP 98/75mmHg, HR 72bpm
Plan

- Amended bisoprolol dose
- Switched to bumetanide 2mg bd
- Weight ↓ 2kg
- Creat 178 (144) eGFR 34 (44)
- Due to see cardiologist the following month
November 2014

- Seen by EP team – in atrial tachycardia
  - For CRT and Ablation

- Creatinine 184, K+ 5.3 Na eGFR 32
- BP 80/50, ↑Oedema  ↑ Weight
- Ramipril ↓ 7.5mg (10mg)
December 2014

- eGFR 29, Creat 201
- BNP 1122
- ↓ ETT 10 – 20 yards
- Oedema to mid thigh
- BP 78/55mmHg HR 70bpm (paced)
- Bibasal crackles
- Admitted
Admission

- Off loaded
- Pacemaker upgraded
- Medications: Ramipril 1.25mg od(7.5mg), Bisoprolol 3.75mg od, Bumetanide 3mg/2mg
- Followed up locally by secondary care HFSN – restarted spironolactone 25mg od
March 2015

- BP 80/50, HR 70 (paced) chest clear
- Oedema to groin/sacrum
- Increase weight of 3kg (from prior to admission)
- Abdominal distension with evidence of ascites
- LFTs 31/03/2015 GGT 349, ALP 319, Albumin 38, ALT 40, Bilirubin 32
- ACP discussion? Ramon refused.
- ?Thiazide
- Refused admission to local hospital, did not want to stay at home
Phone a friend?

- Urgent review
- Commenced metolazone 2.5mg prn
- Referral to Heart Failure Cardiologist
- Seen by Cardiologist in May
- For palliative care
2015 Highlights

- Referred to day services at the hospice – exercise group and breathlessness workshop
- Low dose oramorph
- Preferred place of care/death discussed
- DNAR but did not want defibrillator deactivated
- Addition of metolazone kept him stable (ish)
30th December 2015

- Recurrent Falls - refused walking aids
- Stopped attending the hospice as too exhausting
- Didn’t like oramorph
- Severe oedema to mid thigh, abdominal ascites
- Wife not coping
- Creat 220 eGFR 24
Hospice admission

- 2 weeks for symptom management
- Carers and DN’s arranged on discharge
- Wife arranged power of attorney
- Added in oxycodone for breathing
February 2016

- Upon discharge he steadily became weaker
- Wanted to be able to leave his bed
- Ramipril and spironolactone stopped
- ?ICD deactivation
Distress

- Ramon finding it difficult to cope psychologically
- Too many people in the house
- Routinely use distress thermometer scoring
- DT score was 9/10
- Referred to psychologist for more support
- He felt this helped
April 2016

- Oedema returned ++. Developed cellulitis
- Two further falls, refused admission to hospice
- Sub cut furosemide commenced at home 200mg/24 hours for 5 days
- Marie Curie night sitters arranged
- Excellent carer James visiting twice daily
May 2016

- Ramon requested to have his ICD deactivated
- Refused any more sub cut furosemide
- Unable to tolerate metolazone
May 2016

- 17th May Ramon requested to return to the hospice
- Pain ++
- Not coping
- Admitted 19th May
Messages

- Follow the patients agenda
- Huge range of symptoms in patients dying with heart failure
- Consider the use of subcutaneous furosemide
- DNAR with an active ICD