



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

Spiroonolactone 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

Ramon RIP 03/06/2017





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