Initiation of Palliative Care Consultations in the Intensive Care Unit
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Problem: Due to lack of education, many opportunities to reach patients do not occur until the later stages of the dying process. Even with a palliative care (PC) consult team in the facility of study there was lack of knowledge among nurses regarding the role of PC.

Evidence: Multiple studies report suboptimal care of patients hospitalized with a life-threatening illness5. PC is a specialty that works along the continuum of illness focusing on ensuring quality of life by anticipating, preventing and treating suffering while remaining sensitive to personal beliefs of the patient. PC addresses physical, social and spiritual needs, facilitates autonomy, and when suitable, provides optimal end-of-life care1,2,3,4.

Strategy: To investigate whether nurses working in the Intensive Care Unit (ICU) and Step-down Unit of a 377-bed acute care hospital with a PC team could identify criteria for a PC consult. The research tool was a questionnaire. Results led to recommendations presented to the PC team at the facility of study.

Practice: Even with a PC team in the facility of study, consultations from the ICU were rare and within the last few days of a patient’s life. Nurses do not understand PC.

Evaluation: Nurses were surprised to see how broad criteria for initiation of PC are, and how many patients could benefit from early consultation.

Results: None of the nurses were able to identify all five of the suggested criteria for initiation of a PC consult. Avoidance of dying patients by healthcare professionals and being worried that the physician would not agree with the PC consult were significant barriers to consult initiation.

Recommendations: Education is needed. We also need:
• Standardization of EOL education.
• Development of daily assessment tools for PC.
• Educators of PC need to develop a public awareness campaign.

Lessons Learned: Research questions could have been expanded into individual studies rather than analyzed in one.

Bibliography:

