

DOCTOR'S ORDER SHEET SOIDAO HOSPITAL

ORDER FOR ONE DAY

5 Aug 09

-Kalimate 50 g PO stat

-E'lyte พรุ้งนี้

-G/M PRC 1 U then IV drip in 4 hr

-Lasix 80 mg IV ก่อนให้เลือด

-Keep urine out put > 50 cc/hr

ORDER FOR CONTINUATION

5 Aug 09

-Low salt, low K, low protein diet

DOCTOR'S ORDER SHEET SOIDAO HOSPITAL

ORDER FOR ONE DAY

ORDER FOR CONTINUATION

5 Aug 09 (00.00)

-ET tube intubation

-CPR 30 min

-Adrenaline 1 amp IV x 6 ครั้ง

-DTX stat 170 mg%

PERTINENT FINDINGS

FROM INVESTIGATION

CXR: BILATERAL PLEURAL EFFUSION WITH CARDIOMEGALY

EKG: COMPLETE RIGHT BUNDLE BRANCH BLOCK

AZOTEMIA

HYPOCHROMIC MICROCYTIC ANEMIA



PITFALLS

- Appropriate refer
 - Acute heart failure with failure initial management
 - CHF with uncertain etiology eg. Acute MI, severe mitral regurgitation.
..... Should refer for proper investigation and specific treatment.

However in real life the indication for refer should be done by negotiation between the hospitals.

LIMITATIONS

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- Target population of the study is hospitalized patients, all outpatients were excluded.
- DNAR cases, anytime during admitted, were not be included for reviewing.
- We implied that, all potentially harmful management should be occurred in dead cases.
- Decided as inappropriateness is reviewer-dependence.

AUTHORS' CONCLUSIONS

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- The pitfalls may occur owing to correctable and uncorrectable cause.
- Physical, biological, geographical of Soidao Hospital. These are limitations that may cause inappropriate management with explainable reason.
- Medical malpractice from medical team and patient's relatives care are also affect quality of care.
- Not only the DNAR patients who have the pitfalls, but all patients also, which could be from little to many of them.
- Medical Record should be placed importance.

SUGGESTIONS

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- The medical care should be focus on the guideline managements to decrease the pitfalls.
- A good inter-hospital referral system can decrease the morbidity and mortality.
- Doctor should focus on the history taking and physical exam first before the investigations.

TOPIC REVIEWS

END OF LIFE CARE

END OF LIFE CARE



What's the end of life care?

“ระยะซึ่งภูมิต้านทานของร่างกายและอวัยวะสำคัญบางส่วนของร่างกายถูกทำลายไปมากแล้ว การรักษาไม่ได้ผลอีกต่อไป”

สำนักงานปลัดสำนักนายกรัฐมนตรี

“เวลาที่บุคลากรทางการแพทย์ที่ดูแลผู้ป่วยอยู่จะไม่แปลกใจ หากผู้ป่วยเสียชีวิตภายใน 6 เดือน”

American Psychological Association

What's The doctor role?

What's the doctor role?

- Breaking news or communicating bad news.
 - Breaking an egg
 - Improve the doctor patient relationship



What's the doctor role?

- Breaking news preparing
 - Information
 - Who and When?
 - Place and time



What's the doctor role?

- Breaking news process.
 - Comfortable atmosphere.
 - What the patient and relative know and feel?
 - What's the patient and relative want?
 - Give the information.
 - Denial phase.
 - Let the patient and relative express their feeling.
 - Make their's good hope.
 - Planing for the long term management.

What's the doctor role?

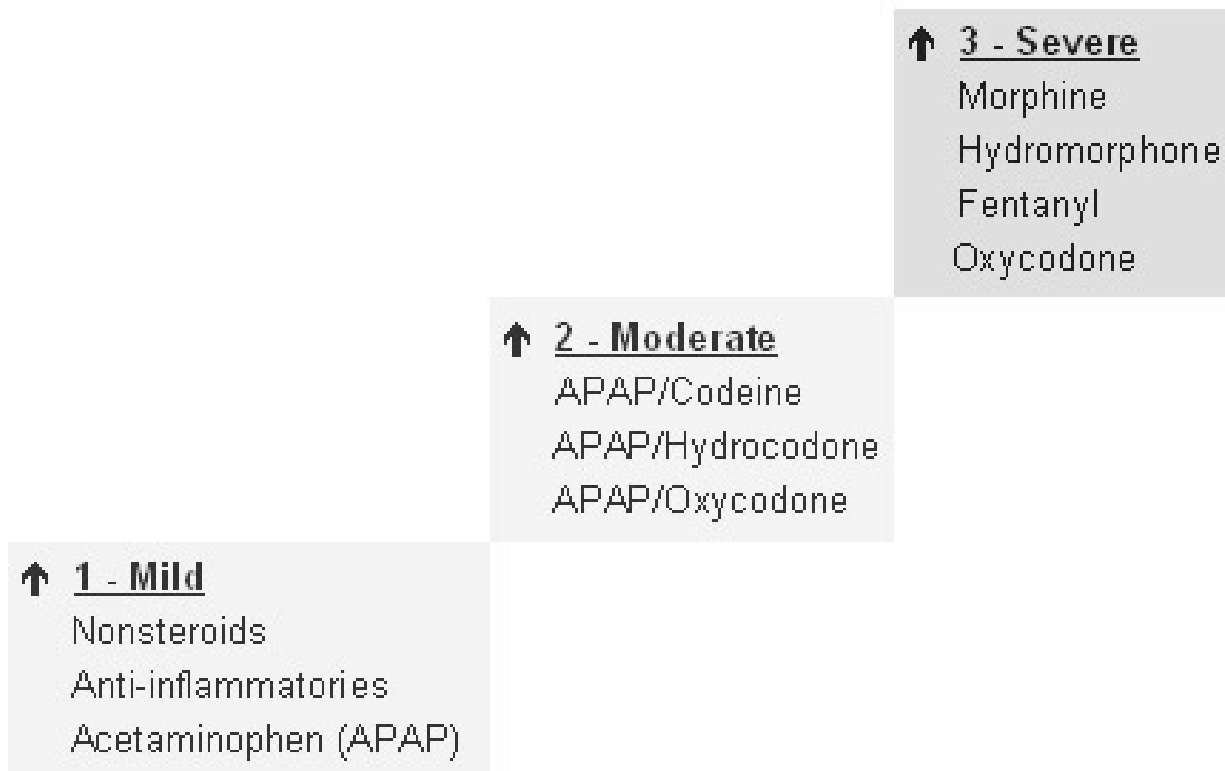
- Holistic care
 - Bio
 - Psycho
 - Social
 - Spiritual



What's the doctor role?

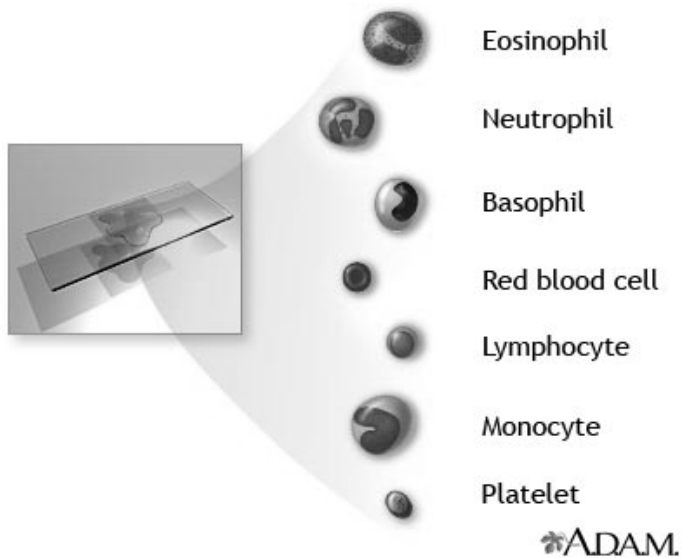
- Pain management.

WHO 3-Step Ladder



What's the doctor role?

- Consider the proper investigation and treatment.



What's the doctor role?

- Psycho supportive in caregivers.



What's the doctor role?

- Team management together with the relatives



What's the doctor role?

- Good death
 - Make them have a good in quality of life.
 - The team care should know about the physiology of the last hour of living.



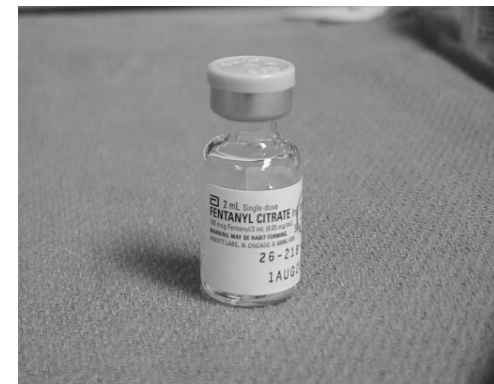
The last hour of living



- Weakness and fatigue
- Decrease intake of food and water.
- Cardiovascular and mucosa.
- Neurological.
- Terminal delirium.
- Respiration .
- Swallowing.

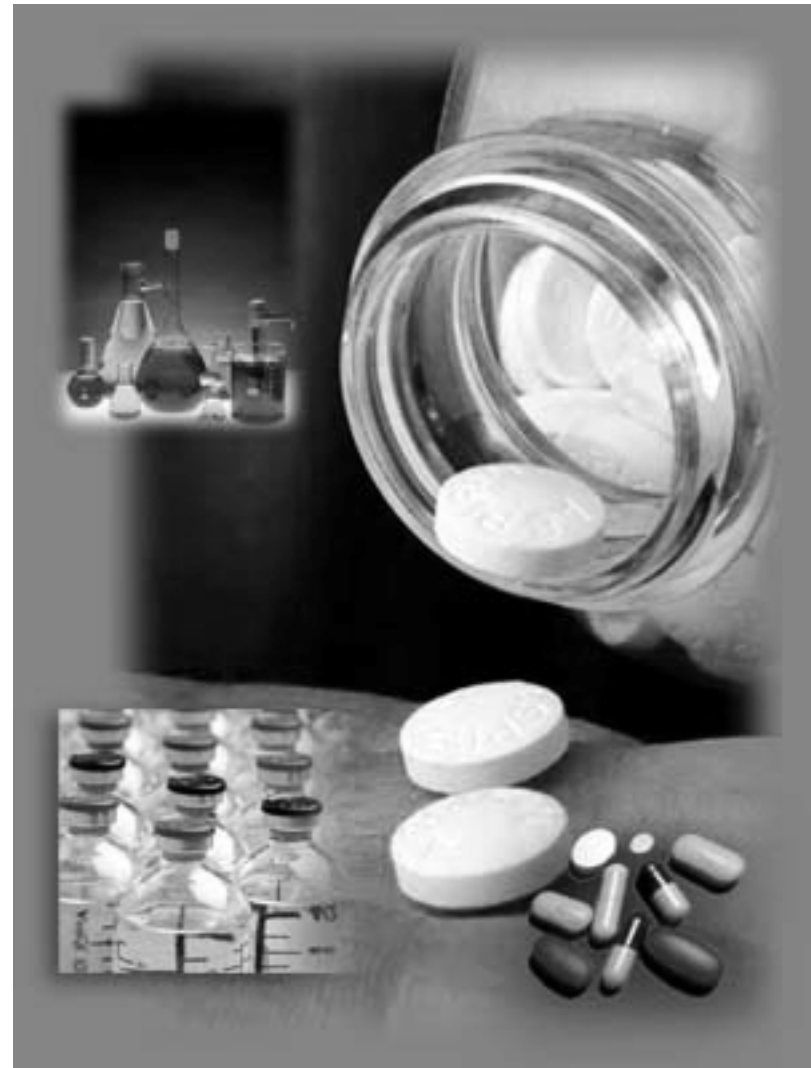
Medication at the last hour of living

- We don't know exactly about the decreasing or increasing of the pain at LHL.
- Drug common use is Morphine.
- The more safe drugs is Fentanyl or Hydromorphone.



Medication at the last hour of living

- Key for medication
 - Only the essential medication
 - The oral route is more proper.
 - IV is use when need.
 - IM is prohibit.



What's the doctor role?

- Care of relative after the patient death.



What's the doctor should know?

- Does the unconcious is concious?
- What's the doctor prepare to tell the truth to the nearly death?
- How and what to tell?
- Who to tell?



Does the unconscious is conscious?

- Yes , they are conscious.
- The communicate by touch blink or open their eyes.



Who to tell?

- Internationally standard is the doctor.



What's the doctor prepare to tell the truth to the nearly death?

- Calm
- Know the patient information



How and what to tell?

- Tell the progression and severity of the disease.
- Tell the truth.



Conclusion

- The EOL care is complex , team management is necessary to succeed the goal of care.
- The care of EOL patient is potential to both relative and patient in long and short term , planning is necessary.



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- Case study

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"Life is pleasant. Death is peaceful.
It's the transition that's troublesome"

Isaac Asimov (1920-1992)

THANK YOU





HOSPITALIZATION AND DEATH ASSOCIATED WITH POTENTIALLY INAPPROPRIATE MANAGEMENT IN DEAD PATIENTS

THE RETROSPECTIVE STUDY

*SOIDAO HOSPITAL,
CHANTHABURI, THAILAND*

22 October 2009 01.00 PM

Soidao Hospital Convention Hall

- Process of Retrospective Study
- Dead patient Medical record reviews
- Topic reviews : End Of Life Care

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