

Palliative Pain & Symptom Management Consultation Program: A program to assist service providers in Northeastern Ontario: LHIN 13

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Program administered by VON Algoma
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HEALTH STARTS AT HOME



Keeping Up

Northeastern Ontario Palliative Pain & Symptom Management Consultation Services

Member of the Palliative Care Consultation Network

Delirium

Delirium can be a common disorder at end of life and can be very distressing to the person experiencing it, the family and the caregivers. The cause of the delirium must be identified so that the proper intervention can be put in place. The delirium may interfere with the person giving an accurate description of their symptoms. It is important that family members be educated, supported and reassured that there can be fluctuation in the symptoms of delirium and that the person does not have control of their symptoms. Also, reassure the family that the client is not going "insane". Some of the experiences of the hallucinations, nightmares and wrong perceptions may be linked to unresolved fears, anxiety or spiritual issues that the person has.

D	Drugs, drugs, drugs, dehydration,	depression
E	Electrolyte, endocrine dysfunction adrenal), ETOH (alcohol) and/or abuse or withdrawal	(thyroid, drug use,
L	Liver failure	
I	Infection (urinary tract infection, pneumonia, sepsis)	
R	Respiratory problems (hypoxia), retention of urine or stool (constipation)	
U	Uremia (renal failure), under treated pain	
M	Metabolic disease, metastasis to brain, medication errors/omissions, malnutrition (thiamine, folate or B 12 deficiency)	

Treatment

If possible, correct any reversible factors that could be causing the delirium. Check for infection, constipation, pain, drug toxicity or urinary retention. Review medication and assess if opioid rotation is needed due to opioid neurotoxicity. There is the potential that agitation, restlessness, and moaning could be mistaken for uncontrolled pain. More analgesics are given which can actually increase the symptoms and cause the opioid neurotoxicity. The table below taken from the Cancer Care

Ontario Symptom Management Pocket Guide helps to identify causes of delirium.

Teach the family/caregivers to provide a calm soothing environment. Watch for "sun downing" effect which is night confusion since this is the first sign of delirium. A night light may be necessary and a calendar or clock may help to keep the person oriented. Continuity of caregivers is very important. Encourage activity if able and try to keep a regular schedule.

The drug of choice is haloperidol (Haldol). Lorazepam (Ativan) may actually excite the person. If haloperidol is not effective then consider using methotrimeprazine (Nozinan).

For further information on medication regarding dose and route, refer to Cancer Care Ontario website or contact one of the consultants.

Tip of the Month:

It is very important to determine the cause of the delirium so proper treatment can be initiated.

Reference:
Cancer Care Ontario . (2010). Symptom Management Pocket Guides: Delirium, Dyspnea, Nausea & Vomiting, Pain, 1-5.

Meet Your Consultant: Vivian Papaiz

Program Manager for Palliative Pain & Symptom Management Consultation services

Vivian Papaiz is a Registered Nurse with 28 years of varied nursing experience, and has developed a great love for Palliative care nursing since beginning in community in 1994 and as a Palliative Care consultant in Northeastern Ontario since 2003. She has participated in and is a member of various local, regional and provincial committees since the implementation of provincial End-of-Life strategy rollout in 2005. Vivian

continues to work to bring quality hospice palliative care across the NE region and to build relationships and integration of services with stakeholders in the region.

Position available – Palliative Pain & Symptom Consultant for Porcupine and Timiskaming Districts. If you are interested in an exciting employment opportunity, please send your resume to vivian.papaiz@von.ca. For more information, please call 705-514-0137.