2025 AAHCM ANNUAL MEETING

Hospital AT Home USERS GROUP

HOME-BASED PALLIATIVE APPROACH TO MANAGING COMPLEX GI COMPLICATIONS

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LivHealth

LESSONS LEARNED

1	**Patient-concordant care is best achieved through frequent evaluation of the goals of care.**
2	**High acuity care can be given at home with the right team support.**
3	**Sharing caregiving alleviates burnout in family members.**

PNEUMATOSIS INTESTINALIS IN A 76-YEAR-OLD, POST BRAINSTEM EMOBLIC STROKE

DAY 6-9

In-hospital visit by palliative medicine doctor for discharge planning and initial goals of care.

- GCS E4V4M5
- Therapies established
- Guarded prognosis: advanced age + valvular heart disease + cerebrovascular compromise + Palliative Performance Status (PPS) 30%.
- Discharged home with hospital bed + pressure-releaving mattress + 24/7caregivers.

DAY 11 - 13

Distended abdomen with nausea.

- GCS E4V4M5.
- Active bowel sounds.
- Digital rectal examination (DRE): empty.
- Nasogastric tube (NGT) fitted, initial aspirate of 250mls bilious fluid.
- Insertion of Macy catheter for decompression of large bowel.
- NGT for laxative i.e. lactulose & diluted UltraVist.

DAY 15 - 17

Temperature spike.

- GCS E4V4M5.
- Respiratory Rate 20 - 25. Saturations 98% (4L).
- Revised goals of care: time-limited trial of antibiotics Ertapenem 1mg im, once daily for 5days.
- Analgesia: Tramadol s/cutaneously.

Home-to-hospital-to-home, ambulance transfer for CT chest/abdomen/pelvis revealing pneumatosis intestinalis.

DAY 20

Afebrile.

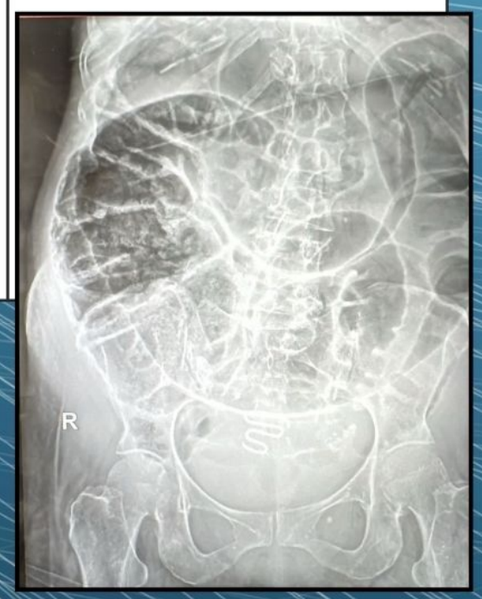
- GCS E3V2M4.
- Absent bowel sounds.
- Respiratory Rate 20-25. Saturations 85%(4L); >95% (10L).
- PPS 10%.
- Revised goals of care: Do Not Resuscitate, Do Not Intubate, Do Not Hospitalise, no further antibiotics.
- Comfort care, in the home.

DAY 23 -28

Spiking fevers.

- Respiratory Rate >40. Saturations 96%(15L).
- Systolic <110.
- GCS E2V2M4.
- Haemodynamically unstable.
- Liquid morphine for breathing distress and acetaminophen for body temperature control.
- Actively dying.

Day 28:
Cardiorespiratory arrest.



Day 11: Supine abdominal xray

DISCUSSION

Utilising the resources of mobile radiology and timely, targeted antimicrobial therapy we were able to demonstrate a multidisciplinary-team approach to care while maintaining the patient's best interest and dignity.

DISCLOSURES: NONE