

NCP Clinical Practice Guidelines for Quality Palliative Care, 4th edition Evidence of Practice and Action Plan

Domain 2: Physical Aspects of Care

Guideline/Criteria	Evidence	Action Plan
<p>Guideline 2.1 Global</p> <p>The palliative care interdisciplinary team (IDT) endeavors to relieve suffering and improve quality of life, as defined by the patient and family, through the safe and timely reduction of the physical symptoms and functional impairment associated with serious illness.</p>		
2.1.1 The goal of symptom management is to improve physical well-being, functionality, and quality of life to a level acceptable to the patient, or to the health care surrogate if the patient is unable to report distress.		
2.1.2 The symptoms associated with serious illness and treatments are anticipated and prevented.		
2.1.3 The IDT recognizes that culture can influence the approach to illness, reporting of symptoms, preferences around treatment and decision-making process.		
2.1.4 Effective symptom management requires attention to the physical, emotional, spiritual, and cultural factors, as well as the social determinants of health that contribute to the total pain and suffering associated with serious illness.		
2.1.5 Symptom management requires an IDT, including access to professionals with specialist-level skill in symptom control for all types of serious illnesses.		
2.1.6 Palliative care clinicians receive training on symptom management, including:		
a. Safe and appropriate use of opioids		
b. Risk assessment for opioid substance use disorder		
c. Monitoring for signs of opioid abuse and diversion		
d. Managing pain for patients at risk for substance abuse		

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2.1.7 The IDT has training and awareness of applicable policies and protocols for opioid management.		
<p>Guideline 2.2 Screening and Assessment</p> <p>The IDT assesses physical symptoms and their impact on well-being, quality of life, and functional status.</p>		
2.2.1 Assessments are conducted in the language preferred by the patient or family, using a professional medical interpreter (see Domain 6: Cultural Aspects of Care).		
2.2.2 Attention is given to assessing the onset, quality, severity, provoking and relieving factors, response to prior treatment, level of burden, impact on functionality and quality of life, and meaning of distressing symptoms, as well as the patient’s goals of care.		
2.2.3 IDTs utilize validated symptom and functional assessment tools, treatment policies, standards, and guidelines appropriate to the care of neonates, children, adolescents, and adults with serious illnesses.		
2.2.4 The IDT conducts and regularly documents ongoing assessments of pain, other physical symptoms, functional status, symptom distress, and quality of life. After treatment is initiated, the IDT performs a timely reassessment to ascertain the effectiveness of the treatment.		
2.2.5 There is attention to symptom assessment in patients with communication challenges due to delirium, cognitive impairment, developmental capacity, or mechanical interference of voice due to intubation, tracheostomy, injury, or disease processes.		
2.2.6 When controlled substances are prescribed, the risk of diversion and substance use disorder are assessed.		
2.2.7 The IDT assesses patient and/or caregiver cognitive and physical ability to manage medications and meet caregiving needs.		

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<p>Guideline 2.3 Treatment</p> <p>Interdisciplinary care plans to address physical symptoms, maximize functional status, and enhance quality of life are developed in the context of the patient’s goals of care, disease, prognosis, functional limitations, culture, and care setting. An essential component of palliative care is ongoing management of physical symptoms, anticipating changes in health status, and monitoring of potential risk factors associated with the disease and side effects due to treatment regimens.</p>		
<p>2.3.1 The IDT encourages and facilitates active involvement of patients and caregivers in developing the plan of care and managing physical symptoms. Patients and families are encouraged and given frequent opportunities to ask questions, seek support, and communicate changes in status including worsening symptoms and treatment-associated side effects.</p>		
<p>2.3.2 Treatment of distressing symptoms and side effects are evidence-based and include the spectrum of pharmacological, interventional, behavioral, and complementary therapies or interventions. The need for and effectiveness of a bowel regimen is regularly assessed whenever opioids are prescribed.</p>		
<p>2.3.3 The IDT will anticipate the impact of new symptom interventions on existing treatment regimens, (eg, rapid down titration of opioid following successful surgical pain-relieving procedure).</p>		
<p>2.3.4 The patient’s response to treatments is regularly re-evaluated.</p>		
<p>2.3.5 The IDT collaborates with appropriate specialists, including child life specialists, when meeting the symptom management needs of neonatal and pediatric patients.</p>		
<p>2.3.6 Caregivers are assessed, trained, and supported to provide safe and appropriate care to the patient, including medication administration, safe transfers, and use of medical equipment.</p>		
<p>2.3.7 When physical symptoms are refractory to standard treatments, the IDT evaluates the potential benefit of advanced and/or interventional therapies.</p>		

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2.3.8 The plan of care incorporates community services and specialists based on the needs and preferences of the patient and family (eg, day care, home health, hospice, complementary therapies, and other services).		
2.3.9 When prescribing medications with significant side effects and/or risk of misuse or abuse, a risk assessment and management plan consistent with state and federal regulations are implemented. Patients, families, and all clinicians are instructed regarding the safe usage of these medications including safe storage, inventory, and appropriate medication disposal.		
2.3.10 The ongoing care of patients being treated with opioids for physical symptoms, such as pain and dyspnea, includes documentation of functional and symptoms goals, ongoing assessment of the risk of opioid misuse, and reassessment intervals.		
2.3.11 The plan of care for patients with addiction identifies how symptoms will be managed, in concert with addiction specialists when needed.		
2.3.12 A regular and systematic medication reconciliation, justification, and optimization is performed to review accuracy and necessity of medications, screen for drug interactions, minimize polypharmacy, and reduce any burdens medications impose on patients and families.		
2.3.13 The IDT helps to educate, enable, and empower the patient and family regarding proper medication administration. Consideration is given as to whether patients and families can access and afford the medications, interventions, and services prescribed or recommended.		
2.3.14 When indicated, referral to rehabilitation therapies, including but not limited to physical, occupational, and speech therapy, is provided based on patient and caregiver goals and the anticipated benefit and burden of the intervention.		

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Guideline 2.4 Ongoing Care The palliative care team provides written and verbal recommendations for monitoring and managing physical symptoms.		
2.4.1 Processes are in place to ensure:		
a. Ongoing monitoring during periods of stability in symptom management and functional status		
b. Referral and care coordination to manage ongoing physical symptoms and functional impairment		
c. The recommendations are documented and communicated to primary and specialist care providers involved in the patient's ongoing care		