



Was the improvement truly sustained? An audit of the Emergency Medication Kit (EMK)



Kate Maher Palliative Care Nurse Practitioner (MN, Grad Cert CCN, BN)

Background

- ❑ A research trial ending in 2014 saw EMKs introduced to Community Specialist Palliative Care patients for urgent symptom management
- ❑ The study was highly successful in meeting it's objectives
- ❑ The EMK is now part of normal care delivery for our patients

Aims

- ❑ To establish if staff are satisfied with the implementation of the EMK
- ❑ To measure current utilization and outcomes of use of the EMK in comparison with study data

What do we know already?

The use of appropriate, timely effective interventions to address emergent symptoms, reduces suffering in specialist palliative care patients and allow them to meet their goals of care



URGENT

Common emergent symptoms that can be addressed with the EMK as subcut breakthrough and/or subcut infusion commencement.

- Pain/Dyspnoea- Hydromorphone (2mg/1ml)
- Dyspnoea/Distress- Midazolam (5mg/1ml)
- N&V- Metoclopramide (10mg/2ml)
- Delirium/N&V- Haloperidol (5mg/1ml)

Methods

- ❑ Questionnaire tool modified to gauge staff satisfaction prior to audit commencement
- ❑ Questionnaire developed based on original audit tool from trial
- ❑ Questionnaire used every time EMK is accessed for a new drug or new symptom over 13weeks

Findings

STAFF

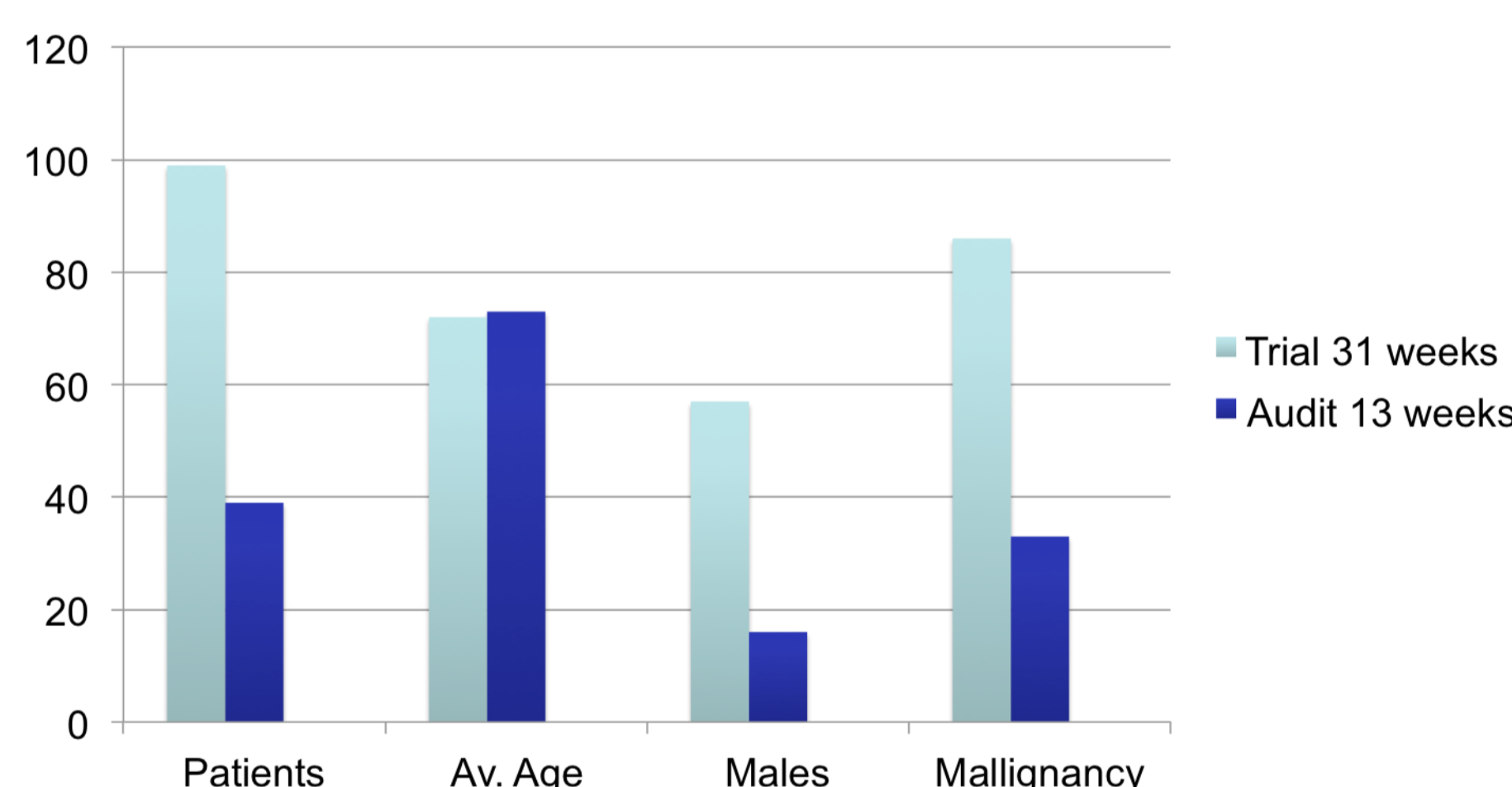
Overall satisfaction= **100%**
Satisfaction with patient outcomes with use of EMK= **100%**

"Absolutely, otherwise each of those visits would have resulted in a long time in A&E- highly distressing for patients and families"

"Given palliative care is about symptom management and QoL I think the EMK is essential"

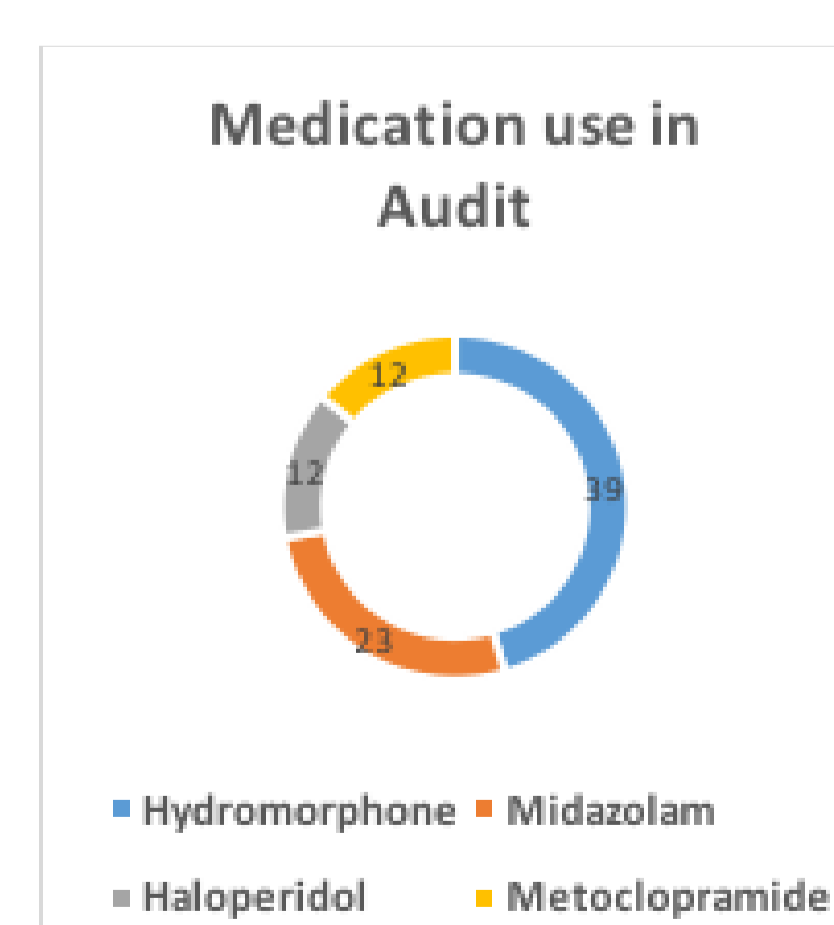
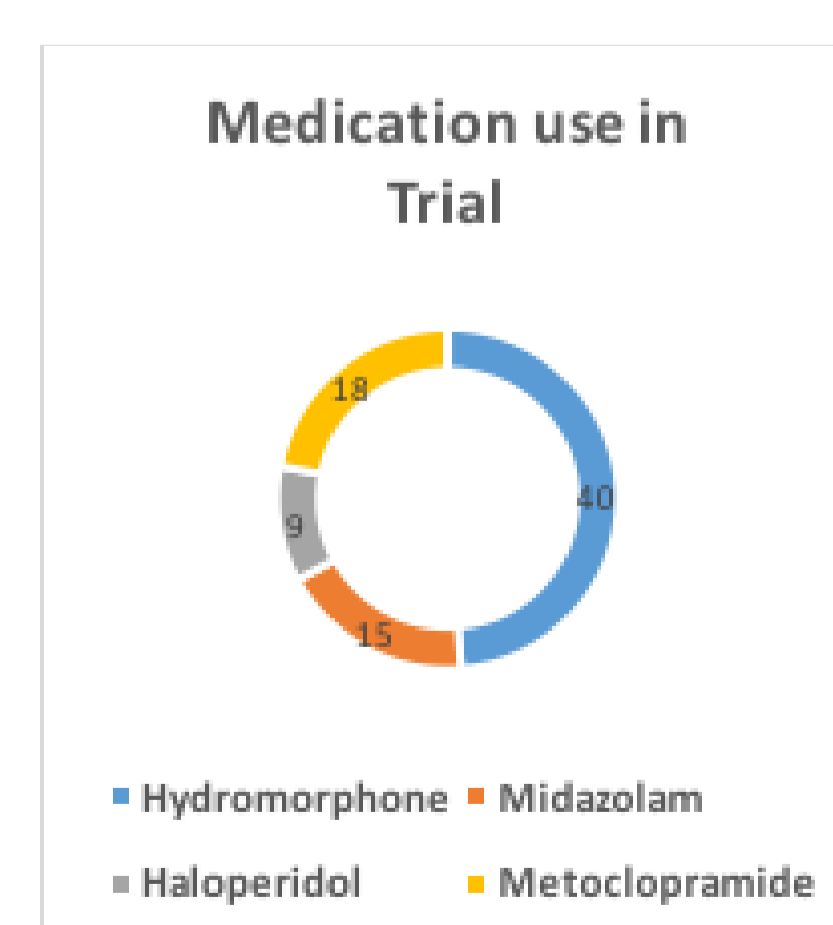
PATIENT OUTCOMES

Demographics

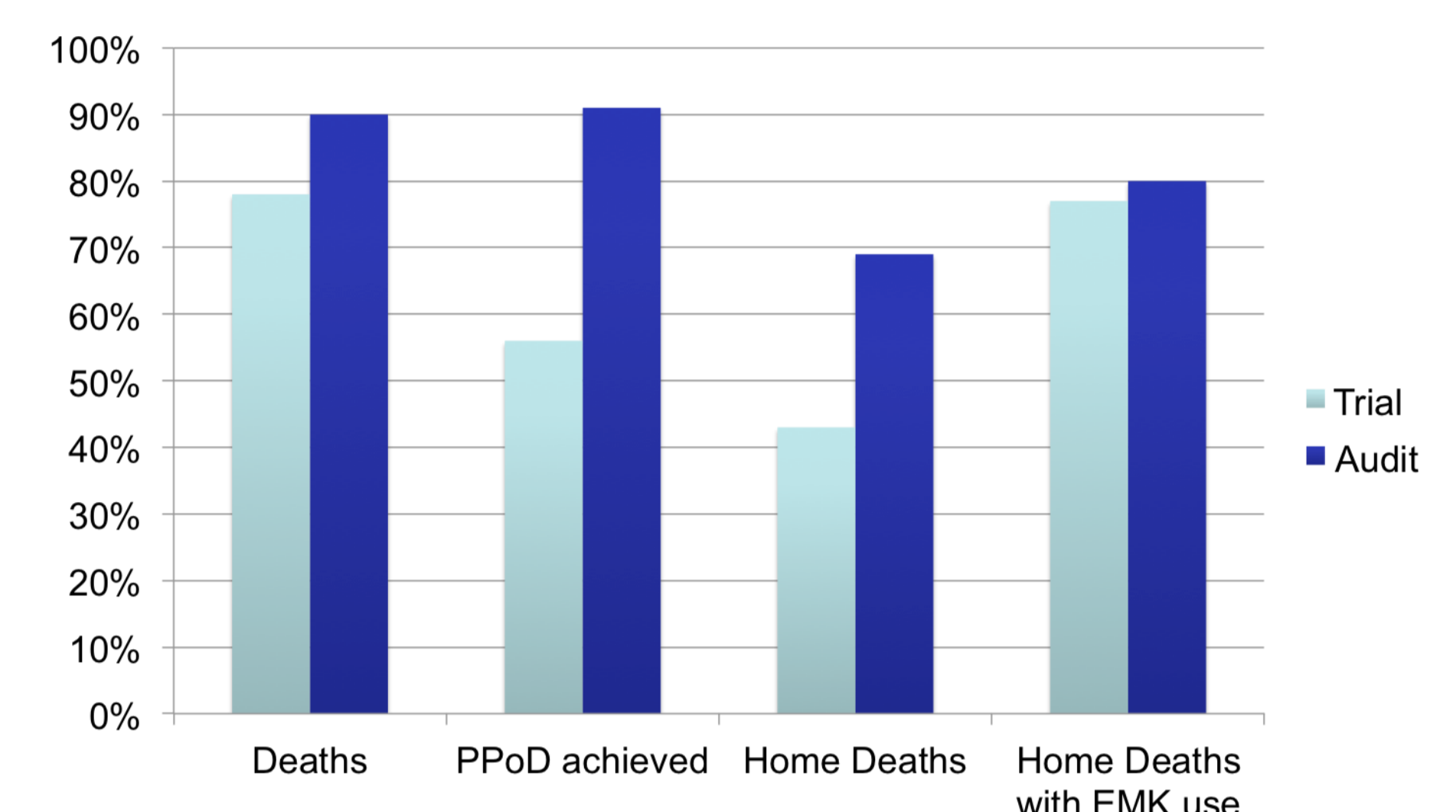


How was the EMK used during the Audit?

- 55 OoS for 39 patients
- Most common symptom = pain
- 86 total EMK medications given
- Subcut infusions set up in 16 cases

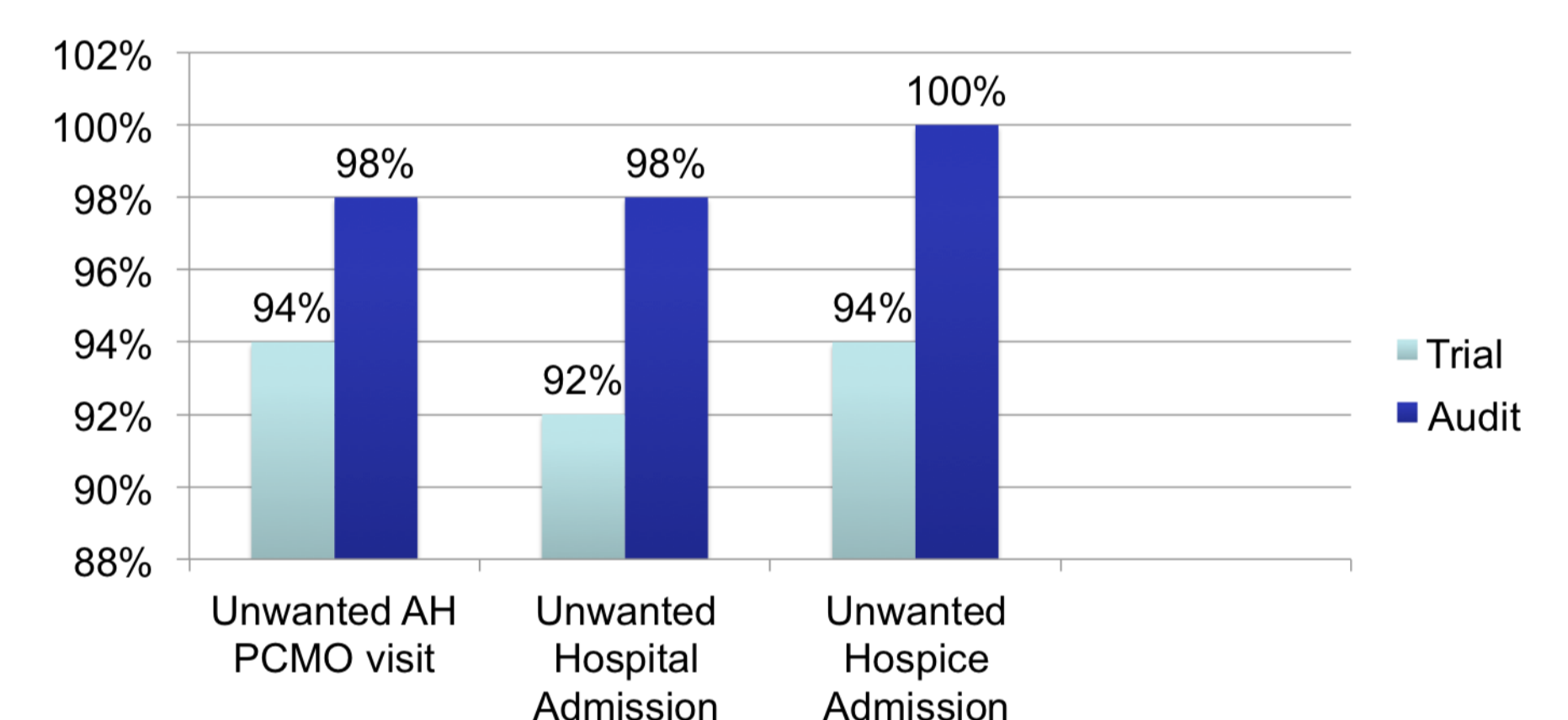


Preferred Place of Death



Clinical/Service Implications

Outcomes for patients for which EMK was accessed



Conclusions

- EMKs in Community Specialist Palliative Care is a sustained improvement in the delivery of care to our patients.
- No adverse outcomes occurred in either trial or audit.
- At a cost of \$16 per kit, the EMK is a cost effective intervention.
- Meeting PPOD preference and increased home deaths is linked to EMK use.
- EMK is directly linked to keeping patients at home who have emergent SPC symptoms, thus goals of care and PPOD preferences are met.
- Further study into carer satisfaction and medications used for urgent syringe driver start ups is needed.

GLOSSARY OF TERMS

- ❑ OoS Occasions of service
- ❑ N&V- Nausea and vomiting
- ❑ PPOD- Preferred place of death
- ❑ AH- After hours
- ❑ PCMO- Palliative Care Medical Officer
- ❑ SPC- Specialist Palliative Care

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For further information contact:

Ms Kate Maher

Palliative Care Nurse Practitioner, Calvary Health Care Bruce, ACT.

Email: kate.maher@calvary-act.com.au 02 6264 7300

