**PAIN**

**What leads to…?**

* Disease e.g. direct invasion / organ distension / pressure on surrounding structures
* Treatment e.g. constipation / chemotherapy / radiotherapy
* Debility e.g. pressure sores
* Unrelated pathology e.g. arthritis / osteoporosis / vascular disease dyspepsia

**What do you need to know?**

* Severity
* Site
* Character
* Radiation
* Onset e.g. when, suddenly, gradually?
* Precipitant
* Constant or intermittent?
* Effect on sleep?
* Aggravators e.g. Movement / posture / breathing / coughing / eating / drinking
* Relievers e.g. Keeping still / rest / sleep / posture
* Associated symptoms e.g. Shortness of breath / nausea / vomiting / urine or bowel upset?

**What can you do?**

* Assessment is the key
* Consider what type of pain it is e.g.
  + Bone – worse on pressure, stressing bone, weight bearing
  + Nerve – burning, shooting, tingling, jagging, altered sensation, dermatomes
  + Liver – hepatomegaly, R upper quadrant pain
  + Colic – intermittent, cramping
  + Raised intracranial pressure – headache, nausea, worse lying down / morning
  + Episodic / incident – sudden onset, precipitant
* Prescribe an anti-emetic when staring an opioid e.g. haloperidol / metoclopramide
* Prescribe a laxative when starting an opioid

**What about drug treatments?**

* Use the analgesic step ladder – prescribe paracetamol and add stronger analgesic to this
* Codeine / dihydrocodeine 10mg orally equivalent to morphine 1mg orally
* Morphine should be the first line oral opioid
* Morphine 10mg orally equivalent oxycodone 5mg orally
* Morphine 10mg orally equivalent to morphine 5mg SC equivalent to diamorphine 3mg SC
* Fentanyl – seek specialist advice as only for stable pain / large dose equivalence range / slow to reach ‘steady state’
* Alfentanil / hydromorphone / methadone – seek specialist advice
* NSAIDs can be very useful for some pains e.g. Naproxen for bone pain
* Adjuvant therapy particularly for neuropathic pain e.g. amitriptyline, gabapentin, pregabalin, RXT

**Good practice points**

* Remember CD prescription requirements. Dose must be included for all preparations ‘as directed’ is not sufficient
* Avoid prescribing opioids with decimal points!

**SHORTNESS OF BREATH**

**What leads to…?**

* Cancer e.g. tumour infiltration / SVCO / pleural effusion / lymphangitis / abdominal distension
* Organ failure e.g. heart failure / COPD / interstitial lung disease / cystic fibrosis
* Neuromuscular e.g. MND
* Debility e.g. PTE / respiratory secretions
* Incidental e.g. chest infection / asthma / anaemia / arrhythmia / anxiety / fear / panic

**What do you need to know?**

* When?
* Onset e.g. when / suddenly / gradually?
* Aggravators
* Relievers
* Any associated features e.g. fever / sputum / haemoptysis
* Oxygen saturation
* Overall condition and place on disease trajectory

**What can you do?**

* Remember that SOB is both frightening & difficult to treat
* Recognise / treat crises e.g. PTE, SVCO
* Recognise and explore anxiety / fear associated with breathlessness / disease / situation
* Relaxation
* Physiotherapy
* Avoid!
* Fan
* Open window

**What about drug treatments?**

* Treat the treatable e.g.
  + Chest infection
  + Bronchospasm
  + Cardiac decompensation
  + Pleural effusion
* Relieve anxiety
  + Benzodiazepine e.g. lorazepam S/L
* Treat breathlessness
  + Bronchodilators
  + Steroids e.g. trial of dexamethasone
  + Opioids (low dose)
* Oxygen – only if low oxygen levels (<92%)
* Treat respiratory secretions
* Nebulised saline 0.9%
* Possible sedation in last stages of life

**NAUSEA & VOMITING**

**What leads to…?**

* Regurgitation – obstruction of oesophagus
* Impaired gastric emptying e.g. opioids, anticholinergics, locally advanced cancer, autonomic neuropathy (e.g. diabetes, Parkinson’s, alcohol)
* Chemical / metabolic e.g. drugs, extensive cancer, infection, hypercalcaemia, uraemia
* Bowel obstruction e.g. constipation, extensive cancer
* Cerebral disease
* Vestibular system e.g. motion, brain stem disease
* Chemotherapy / radiotherapy
* Other e.g. anxiety, fear, smell, organ failure, gastroenteritis
* Unknown – perhaps 50%

**What do you need to know?**

* Nausea, vomiting or both?
* Pattern e.g. when, frequency, persistence, how quickly after eating, what time of day, what makes it worse, what helps, how do they feel after vomiting, do they feel full?
* Medication
* Bowel function
* Headache
* How ‘ill’ are they?
* Fever?
* Other diseases?
* How are they ‘within themselves’?
* Look for symptom clusters e.g.
  + N&V, constipation, abdominal distension, pain
  + Vomiting (more than nausea), morning headache
  + Persistent nausea, little relief from vomiting
* Pick up possible serious problems e.g.
  + Obstruction
  + Cerebral disease

**What can you do?**

* Treat constipation
* Avoidance e.g. smells, movement
* Ensure good fluid intake
* Good mouth care

**What about drug treatments?**

* Treat the cause e.g. hypercalcaemia
* Treat the neural pathway – just TOO complicated for today!!
  + Drug / metabolic – haloperidol, metoclopramide
  + Gastric stasis – metoclopramide
  + Obstruction – cyclizine, hyoscine, dexamethasone, octreotide
  + Cerebral – dexamethasone, cyclizine
  + Motion – prochlorperazine, cyclizine
  + Chemotherapy – ondansetron
  + Unsure / (desperate!!) - levomepromazine
* Think about other treatments e.g. steroids, radiotherapy
* Consider route – S/C or PR may well be needed

**AGITATION – ANXIETY / CONFUSION (DELIRIUM)**

**ANXIETY**

**What leads to…?**

* Organic e.g. Symptoms, drugs, drug withdrawal (including nicotine)
* Fears e.g. Illness related, money, family, loss of role
* Psychiatric ill health
* ‘Deep meaning’ issues e.g. fear of loneliness, fear of death, lack of meaning

**What do you need to know?**

* If they are the same as usual i.e. they are NOT confused
* What are they like? e.g. how do they deal with things, where ‘are’ they, what do they want, what do they fear?
* Personal attributes e.g. coping strategies (humour, denial, acceptance)
* Personality e.g. optimistic, self-confident, pragmatic

**What can you do?**

* Establish if confusion or anxiety
* Reinforce attributes, correct misconceptions, encourage ‘own coping strategies, use vague / open questions
* Listen / support / reassure / ‘be with’

**What about drug treatments?**

* Benzodiazepines e.g. diazepam, lorazepam
* Neuroleptics e.g. haloperidol. levomepromazine
* Antihistamine e.g. hydroxyzine

**CONFUSION (DELIRIUM)**

**What leads to…?**

* Raised intra cranial pressure
* Drugs & drug withdrawal
* Metabolic – encephalopathy, biochemical upset
* Infection
* Stroke
* Nutritional
* Urinary retention / constipation
* Fatigue
* Anxiety / depression
* Environment – excessive / unfamiliar stimuli
* Dementia

**What do you need to know?**

* If they are NOT the same as usual!
* Look for – memory impairment, disorganised thinking, reduced attention, disorientation, change in psychomotor activity, disturbance of sleep, altered mood, altered perception (hallucinations), motor signs
* If there are any signs of the above causes!

**What can you do?**

* Establish if confusion or anxiety
* Correct the correctable
* Investigations (admission?)
* Listen / support / reassure / ‘be with’

**What about drug treatments?**

* Haloperidol
* Levomepromazine

**CONSTIPATION**

**What leads to…?**

* Drugs e.g. Opioids, anticholinergics (hyoscine), anatcids, diuretics, iron, 5HT3 antagonists (ondansetron)
* Being ill e.g. Dehydration, anorexia, poor diet, immobility
* Obstruction e.g. Tumour in bowel, outside pressure
* Hypercalcaemia
* Nerve damage e.g. MSCC
* Other diseases e.g. Diabetes, Parkinson’s, anal fissure
* Other things e.g. Embarrassment

**What do you need to know?**

* Current function e.g. Frequency, consistency, ease of passage, anal pain, blood, wind, diarrhoea
* Normal function (what is normal!)
* Laxative history
* Other symptoms e.g. Abdominal pain, nausea & vomiting, appetite, fluid intake, bloating, wind
* Examination
  + Abdomen – distension, ‘splash’, bowel sounds
  + Rectum – filled with hard faeces, empty ballooned, empty collapsed

**What can you do?**

* Recognise possible serious problems / symptom complexes e.g.
  + Obstruction – total constipation, no wind, distended painful abdomen, empty ballooned rectum
  + Hypercalcaemia – N&V, confusion, constipation
* Encourage fluids (2 litres!)
* Dietary advice
* Encouragement / privacy

**What about drug treatment?**

* Type
  + Stimulant e.g. bisacodyl
  + Softener e.g. docusate
  + Osmotic e.g. macrogel
  + Combination e.g. co-danthramer
* Route
  + Oral if possible
  + Rectal e.g. bisacodyl suppository (soft faecal loading)
  + Enema e.g. arachis oil / phosphate (hard faecal loading)

**INSOMNIA**

**What leads to…?**

* Physical e.g. uncontrolled symptoms, drug withdrawal (alcohol, nicotine, ‘drugs’)
* Psychological e.g. anxiety, fear, anger, ‘thinking’ issues
* Depressive disorder
* Behavioural e.g. inactivity, daytime naps, self-fulfilling-prophecy!
* Drugs e.g. steroids, chemotherapy, radiotherapy
* Environment e.g. light, noise, smell

**What do you need to know?**

* Current sleep pattern e.g. onset, maintenance, waking, ‘24 hour’ sleep cycle
* Past sleep pattern
* Symptoms
* Drugs
* Impact on patient e.g. does it matter, what do they think the cause is, what do they want?

**What can you do?**

* Reverse the reversible
* Treat the treatable
* Normalise
* Promote sleep hygiene
* Alternative therapies

**What about drug treatments?**

* Benzodiazepines e.g. diazepam, temazepam
* Benzodiazepine-like (the Z group) e.g. zopiclone, zolpidem, zaleplon
* Antidepressants e.g. trazadone, amitriptyline, mirtazapine
* Antihistamines e.g. promethazine