

End of Life Care Sept-March 2021

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Articles

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[A soft silicone foam dressing that aids healing and comfort in oncology care.](#)

Pramod S. *British Journal of Nursing* 2021;30(1):40–46.

Maintaining skin integrity plays a key role in the ongoing care and comfort of patients at the end of life. Unfortunately, patients receiving cancer treatments are at higher risk of altered skin integrity. Cancer treatments involve multiple modalities, all of which impair wound healing. Excess exudate can be distressing to patients, resulting in catastrophic damage to the wound bed and surrounding skin, reducing quality of life and increasing the need for specialist services.

<https://www.magonlinelibrary.com/doi/abs/10.12968/bjon.2021.30.1.40>

[Preventing and managing device-related pressure ulcers in oncology.](#)

Pramod S. *British Journal of Nursing* 2021;30(1):48–53.

There is growing evidence that medical device-related pressure ulcers (MDRPU) are an increasing healthcare concern in all aspects of care. It is especially important to develop an individualised care plan for people at the end of life to prevent pressure ulceration and to treat this if it occurs. Tissue viability nurses have a responsibility to review and assess new prophylactic devices and dressings, to ensure a high standard of care is provided.

<https://pubmed.ncbi.nlm.nih.gov/33433284/>

[Antipsychotics for preventing and treating delirium: not recommended.](#)

Heneghan C. *BMJ Evidence-Based Medicine* 2021;26(1):32-33.

Current evidence does not recommend using haloperidol or second-generation antipsychotics for the prevention or treatment of delirium in hospital settings.

<https://ebm.bmj.com/content/26/1/32>

[Efficacy of the complementary therapies in the management of cancer pain in palliative care: a systematic review.](#)

Lopes-Junior LC. *Revista Latino-Americana de Enfermagem* 2020;28:e3377.

While the evidence from the studies evaluating the use of massage therapy or the use of progressive muscle relaxation and guided imaging for the management of cancer pain in these patients demonstrated significant benefits, the other two studies that evaluated the use of acupuncture as a complementary therapy showed contradictory results, therefore, needing more research studies to elucidate such findings.

<https://pubmed.ncbi.nlm.nih.gov/33027406/>

[Higher prevalence of pressure ulcers in people receiving palliative care is not necessarily an indicator of poor care.](#)

Ernst Bravell M. *Evidence-Based Nursing* 2020;23(4):110.

Pressure ulcers are highly prevalent in patients receiving palliative care, probably due to underlying conditions, which may provide a false-negative picture of healthcare-associated harm in the palliative care.

There is a need of more research on how to prevent pressure ulcers and how to increase comfort when pressure ulcers occur among palliative patients.

<https://ebn.bmj.com/content/23/4/110>

[Management of catastrophic haemorrhage in palliative head and neck cancer: creation of a new protocol using simulation.](#)

Sooby P. *BMJ Open Quality* 2020;9(4):doi: 10.1136/bmjopen-2020-001003.

Conclusions: Our simulation demonstrate that the time taken for intravenous anxiolytics and analgesia to be prepared and administered can take on average 2 min. However, with a preprepared grab bag for patients identified at being at risk of carotid blowout, this time can be reliably and repeatedly reduced to under 1 min.

<https://bmjopenquality.bmj.com/content/9/4/e001003>

[Nonpharmacological interventions for managing breathlessness in patients with advanced cancer: a systematic review.](#)

Gupta A. *JAMA Oncology* 2020;:doi:10.1001/jamaoncol.2020.5184.

Breathlessness is a frequent symptom in patients with advanced cancer. Often, in the context of breathlessness, aggressive cancer treatment is not beneficial, feasible, or aligned with goals of care. Targeted symptom-focused interventions may be helpful in this scenario. Findings include the safety and association with improved breathlessness of several nonpharmacological interventions. Guidelines and clinical practice should evolve to incorporate these interventions as first-line treatment.

<https://pubmed.ncbi.nlm.nih.gov/33211072/>

[Objective digital phenotypes of worry severity, pain severity and pain chronicity in persons living with HIV.](#)

Jacobson NC. *British Journal of Psychiatry* 2021;218(3):165-167.

This study examined whether digital biomarkers of pain severity, pain chronicity and worry could be developed, using passive wearable sensors that continuously monitor movement. Results suggest that digital biomarkers can predict pain severity ($r[35] = 0.690$), pain chronicity (74.63% accuracy) and worry severity ($r[65] = 0.642$) with high precision, suggesting that objective digital biomarkers alone accurately capture internal symptom experiences in persons living with HIV.

<https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/abs/objective-digital-phenotypes-of-worry-severity-pain-severity-and-pain-chronicity-in-persons-living-with-hiv/B89CBB2343760D08282AF3B1D54F49AF>

[Smart Dressings for Wound Healing: A Review.](#)

Barros Almeida I. *Advances in Skin and Wound Care* 2021;:doi: 10.1097/01.ASW.0000725188.95109.68..

This review demonstrates the lack of studies examining wound dressing sensors. New studies are required to assess sensors that allow not only wound monitoring, but also the application of drugs in a single dressing, providing a better and more cost-effective treatment for wounds.

https://journals.lww.com/aswcjournal/fulltext/2021/02000/smart_dressings_for_wound_healing_a_review.13.aspx

The Pathophysiology of Skin Failure vs. Pressure Injury: Conditions That Cause Integument Destruction and Their Associated Implications.

Bain M. *Wounds* 2020;32(11):319-327.

Clinicians need to better understand the pathophysiology and classification of integument injuries by underlying etiologies both avoidable and unavoidable. A more accurate diagnosis would lead to more appropriate treatment strategies, an improved quality of care for affected patients, less wasted resources and reduced financial penalties for healthcare providers, and decreased medicolegal claims.

<https://pubmed.ncbi.nlm.nih.gov/33465042/>

The quality and clinical applicability of recommendations in pressure injury guidelines: A systematic review of clinical practice guidelines.

Gillespie BM. *International Journal of Nursing Studies* 2021;;DOI: 10.1016/j.ijnurstu.2020.103857.

Conclusions: There is disparity in the quality of the included guidelines, however four high quality guidelines are available. These guidelines could ideally be implemented in daily practice and adapted to local policies.

<https://www.sciencedirect.com/science/article/abs/pii/S0020748920303485>

Management of coexisting conditions in the context of COVID-19.

BMJ Best Practice; 2021.

<https://bestpractice.bmj.com/topics/en-gb/3000190/>

Further guidelines have been published to inform the management of patients with coexisting conditions during the COVID-19 pandemic. Updated 26/01/21: Considerations for perinatal care (updated); Use of ACE inhibitors and angiotensin receptor blockers (updated); Potential impact of COVID-19 pandemic on diagnosis and management of other conditions (updated); Essential hypertension (updated); Giant cell arteritis (new)

<https://bestpractice.bmj.com/topics/en-gb/3000190>

The effect of the covid-19 outbreak on people affected by dementia.

House of Commons Library; 2020.

<https://researchbriefings.files.parliament.uk/documents/CDP-2020-0122/CDP-2020-0122.pdf>

This research briefing provides background material, statistics, parliamentary proceedings and news material concerning the effect that Covid-19 has had on people with dementia.

<https://commonslibrary.parliament.uk/research-briefings/cdp-2020-0122/>

Guidelines

Naldemedine for treating opioid-induced constipation.

National Institute for Health and Care Excellence (NICE); 2020.

<https://www.nice.org.uk/guidance/ta651>

Recommendations. 1.1 Naldemedine is recommended, within its marketing authorisation, as an option for treating opioid-induced constipation in adults who have had laxative treatment.

Transdermal fentanyl patches for non-cancer pain: do not use in opioid-naive patients.

Medicines and Healthcare Products Regulatory Agency (MHRA); 2020.

<https://www.gov.uk/drug-safety-update/transdermal-fentanyl-patches-for-non-cancer-pain-do-not-use-in-opioid-naive-patients>

Drug Safety Update. Following a review of the risks associated with use of opioid medicines for non-cancer pain, the Commission on Human Medicines (CHM) has recommended that fentanyl transdermal patches are contraindicated in opioid-naive patients in the UK.

[Updated international guideline on the diagnosis and management of COPD.](#)

BMJ Best Practice; 2020.

<https://bestpractice.bmj.com/topics/en-gb/7>

New information on chronic management includes:

- A new recommendation about the tetanus/diphtheria/pertussis vaccine.
- Reference to the World Health Organization (WHO) minimum set of interventions for the management of COPD.
- Updated findings on triple therapy and mortality.
- New evidence on mucolytic therapy.
- New evidence on pharmacist-led and lay health coaching for inhaler technique.
- New evidence on acupuncture and acupressure for the palliative treatment of dyspnoea.

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