

Palliative Care Interventions with Pneumonia

Pneumonia is an inflammatory condition of the lung affecting the alveoli and consolidation (liquid in spaces normally filled with air)

Pneumonia:

- Caused by a variety of organisms including bacteria, viruses, and fungi
- Spreads by airborne droplets
- Air sacs may fill with fluid or pus (purulent material)
- Requires a medical diagnosis
- CXR confirms the diagnosis
- Can be life threatening to older adults or people with weakened immune systems

Signs/symptoms

Common symptoms	Non-specific symptoms
Fever, chills, rigors	Confusion
Cough with phlegm or pus	Change in mental status
Pleuritic pain with breathing or coughing	Fatigue
Nausea, vomiting, diarrhea	Lethargy
Dehydration	Anorexia
Dyspnea	Lower than normal body temp in older adults
Hypoxia	

Complications

- Bacteremia (bacteria in the bloodstream)
- Pleural effusion (fluid accumulation around the lungs)
- Lung abscess
- Septic shock
- Acute Respiratory Distress Syndrome (ARDS)
- Respiratory failure

Treatment (*Pneumonia does not always need to be treated with antibiotics*)

- Oxygen therapy
- Antibiotics (if congruent with treatment preferences and goals of care)
- Antipyretics
- Pain relievers (ibuprofen, acetaminophen)
- Bronchodilator treatments

PC Interventions (*above treatment interventions as indicated AND the following*):

Focus should be on goals of care and symptom management!

- Rest
- Oral hydration (helps to loosen mucus)
- IV fluids (if indicated and congruent with treatment preferences and goals of care)
- Oxygen for hypoxemia (*base on symptom relief and not pulse oximetry at EoL*)
- Antitussives for cough
- Morphine, antianxiety meds for dyspnea
- Anticholinergics (scopolamine, atropine) for excess secretions
 - Select agents based on the balance of benefits vs. undesirable effects (e.g.: guaifenesin may worsen nausea; scopolamine dries/thickens secretions and causes dry mouth & sedation which may not be desirable to patient)
- Provide emotional support to resident and family

References

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