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

<table>
<thead>
<tr>
<th>Common symptoms</th>
<th>Non-specific symptoms</th>
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<tbody>
<tr>
<td>Fever, chills, rigors</td>
<td>Confusion</td>
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<tr>
<td>Cough with phlegm or pus</td>
<td>Change in mental status</td>
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<tr>
<td>Pleuritic pain with breathing or coughing</td>
<td>Fatigue</td>
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<tr>
<td>Nausea, vomiting, diarrhea</td>
<td>Lethargy</td>
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<tr>
<td>Dehydration</td>
<td>Anorexia</td>
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<tr>
<td>Dyspnea</td>
<td>Lower than normal body temp in older adults</td>
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<td>Hypoxia</td>
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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**


