





# مراقبت تسکینی

# Palliative Care

دکتر علیرضا ایرج پور

استاد گروه پرستاری مراقبت‌های ویژه و مدیر گروه بین رشته ای مراقبت‌های حمایتی تسکینی

دانشگاه علوم پزشکی اصفهان

مدیر عامل کانون حمد ایرانیان



تابستان ۱۴۰۰

Dr. Irajpour

## اهداف این نشست:

- ▶ مراقبت تسکینی و واژه شناسی آن
- ▶ اهداف مراقبت تسکینی
- ▶ اصول کلی مراقبتهای تسکینی
- ▶ مقایسه با مراقبت آسایشگاهی
- ▶ مدل‌های مراقبت تسکینی
- ▶ رایجترین نشانه‌های نیازمند مراقبت تسکینی
- ▶ رویکرد بین حرفه‌ای در مراقبتهای حمایتی تسکینی
- ▶ معرفی مدل همکاری بین حرفه‌ای در مراقبتهای تسکینی

- ▶ **Palliative care is comprehensive, specialized care provided by an interdisciplinary team to patients and families living with a life-threatening or severe advanced illness expected to progress toward dying**

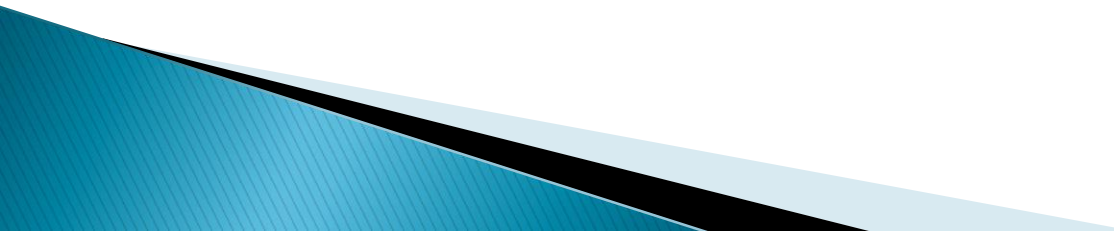
**(American Academy of Hospice and Palliative Medicine)**

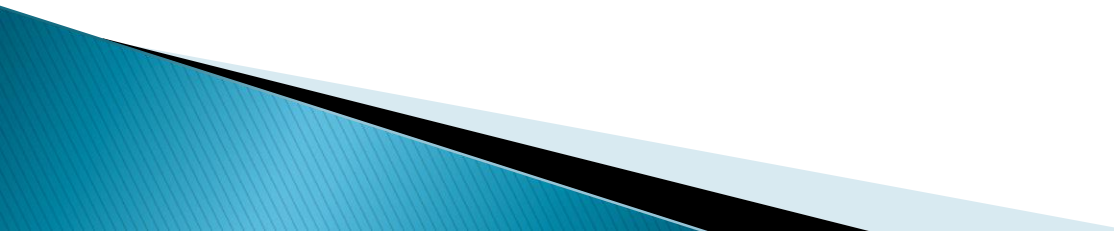


# Definition:

## World Health Organization :

“An approach that improves the **quality of life of patients and their families** facing the **problems** associated with life-threatening illness, through the **prevention** and **relief of suffering** by means of **early identification** and **impeccable assessment** and **treatment of pain and other problems**, physical, psychosocial and spiritual.”

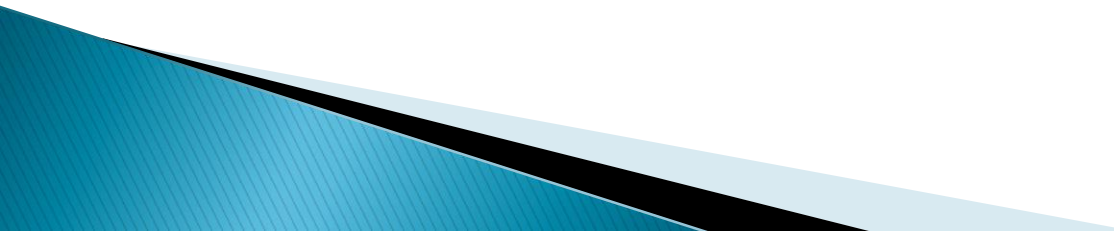


- ▶ The term "palliative care" is increasingly used with regard to diseases other than cancer such as chronic, progressive pulmonary disorders, renal disease, chronic heart failure, HIV/AIDS, and progressive neurological conditions.
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# Palliative Care Definition

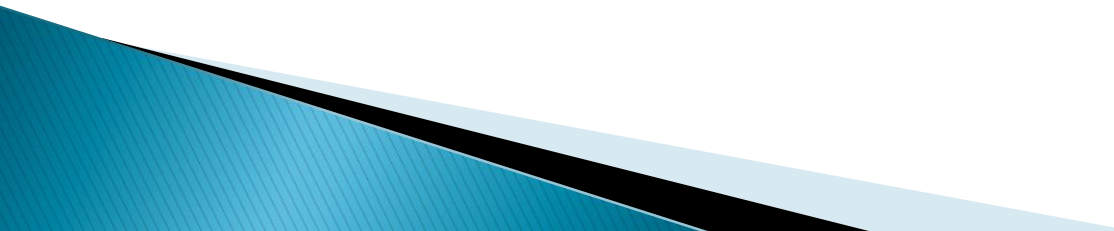
- ▶ Collaborative, comprehensive, interdisciplinary approach to treating “total pain” (includes physical, psychosocial, and spiritual needs of patients *and* families)
- ▶ Appropriate at *any stage* of illness and *simultaneously* with all other medical treatments

# Goals of Palliative Care

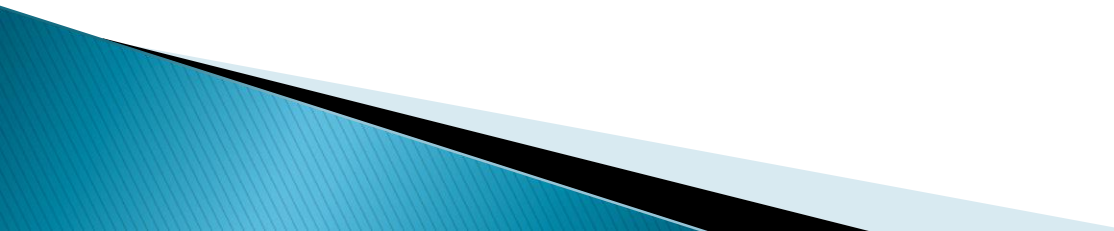
- ▶ Improve the quality of life of patients living with debilitating, chronic or terminal illness
  - ▶ Prevention and relief of suffering by early identification, assessment, and treatment of distressing symptoms
  - ▶ Accomplished by combined efforts of an interdisciplinary team
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# General Principles of Palliative Care

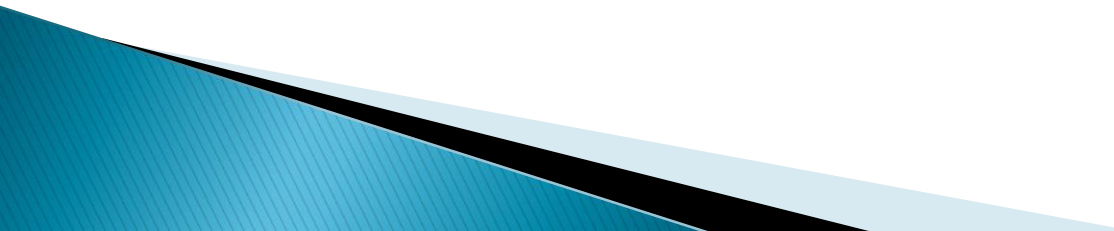
- ▶ Patient and family as unit of care
  - ▶ Attention to physical, psychological, cultural, social, ethical and spiritual needs
  - ▶ Interdisciplinary team approach
  - ▶ Education and support of patient and family
- 

# Principles (con't)

- ▶ Extends across illnesses and settings
  - ▶ Bereavement Support
  - ▶ May balance comfort measures and curative treatments
  - ▶ Appropriate at any stage of the disease
  - ▶ Does not require a prognosis of less than six months
- 

# Definition of Hospice Care,

*“Hospice care* is intended to meet the physical, emotional and spiritual needs of patients and their families **facing life ending illnesses**. The goal of hospice care is to provide comfort to the patient by assisting with pain and symptom management and to enhance the quality of life for both the patient and the family.”



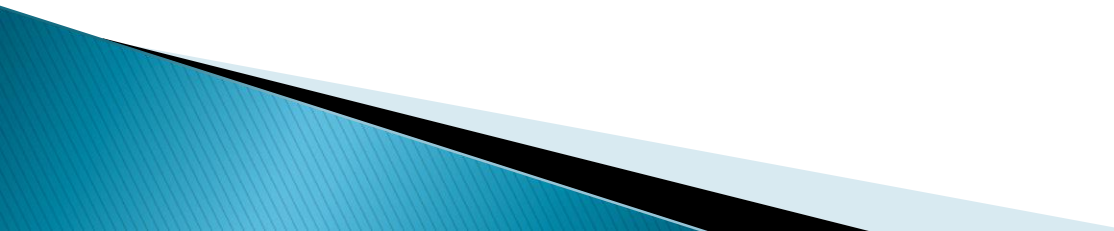
# Hospice v. Palliative care

- ▶ The word "hospice" derives from the Latin *hospes*, a word which served double-duty in referring both to *guests* and *hosts*.
- ▶ In the United States, hospice services and palliative care programs share similar goals of providing symptom relief and pain management. Non-hospice palliative care is appropriate for anyone with a serious, complex illness, whether they are expected to recover fully, to live with chronic illness for an extended time, or to experience disease progression

## مقایسه خدمات *Hospice Care* و *Palliative Care*

Palliative Care	Hospice Care	ویژگی
بدون محدودیت	پیش آگهی زیر ۶ ماه	مددجوی تحت پوشش
تیم بین رشته ای: پزشک، پرستار، مددکار اجتماعی و سایر	تیم بین رشته ای: پزشک، پرستار، مددکار اجتماعی، روحانی، بهیار و سایر	خدمات حرفه ای
متناسب با شرایط: سرپائی تا آسایشگاهی	مراقبت در منزل یا تشکیلات بستری طولانی مدت آسایشگاهی	محل ارائه خدمت

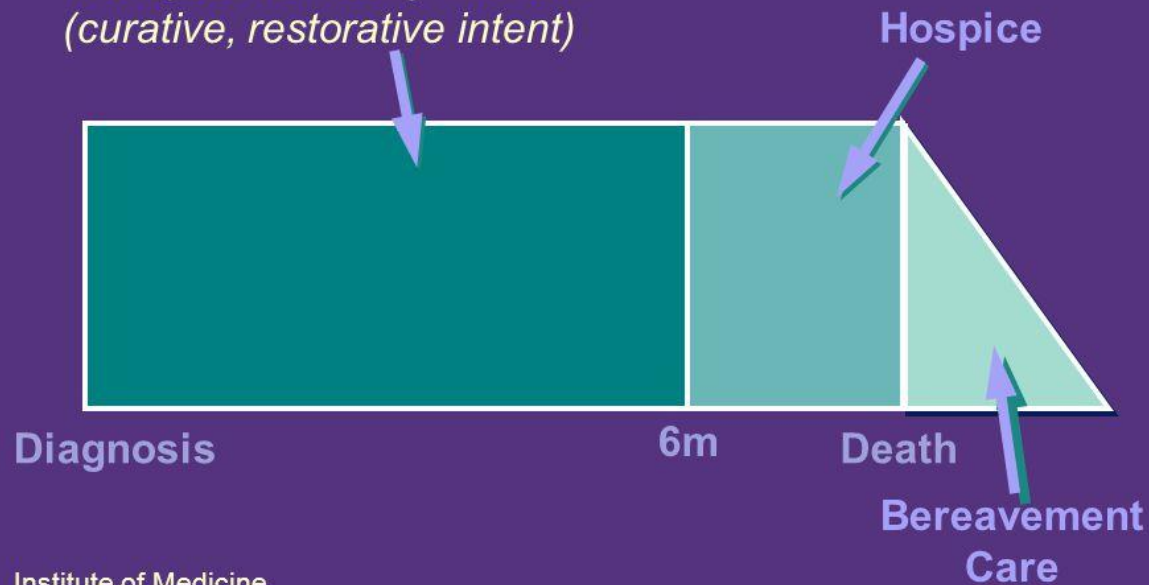
# Types of Palliative Care

- ▶ Hospital Palliative Care
  - ▶ Hospice Palliative Care
  - ▶ Hospice Day Care / Day Care Clinic
  - ▶ Home Palliative Care
  - ▶ Respite care
- 

# Palliative Care Models:

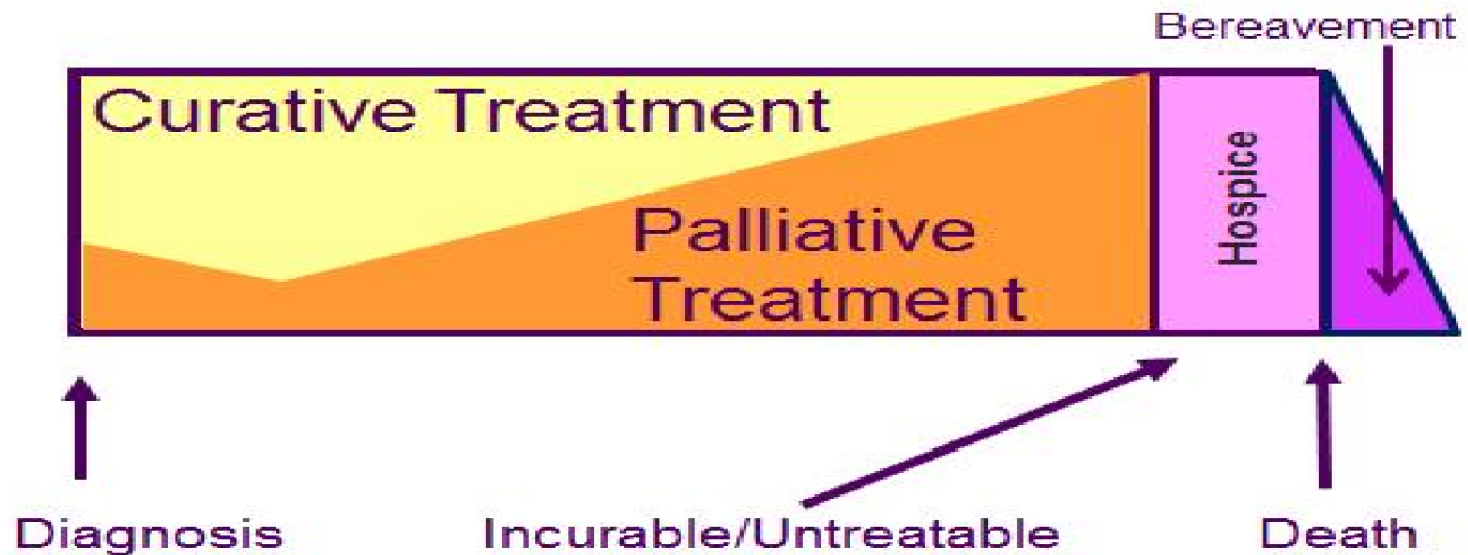
## Traditional view of palliative care

Therapies to modify disease  
(*curative, restorative intent*)



Institute of Medicine

## Palliative Care: The Integrated Model





# Integrating palliative care & hospice

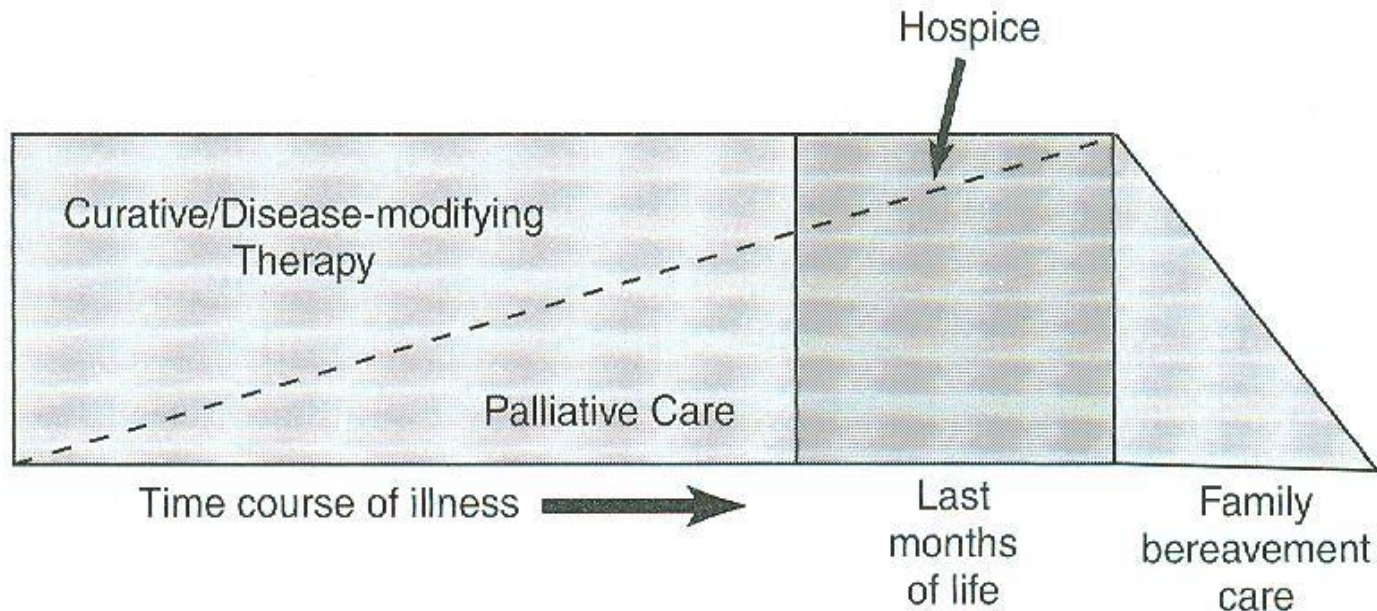
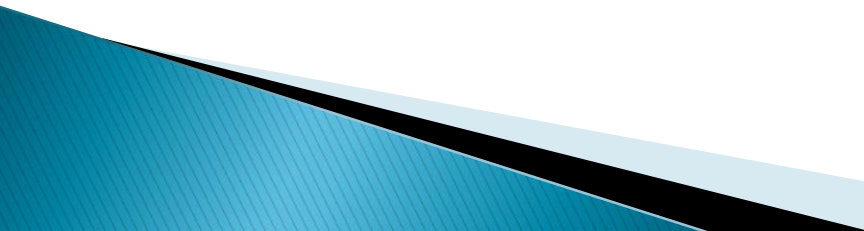


FIGURE 1-3 Proposed model for integrating palliative care and hospice. (Data from Emanuel, L.L., von Gunten, C.F., & Ferris, F.D. [Eds.]. *Plenary 3: Elements and models of end-of-life care*. The Education for Physicians on End-of-life Care [EPEC] Curriculum: ©The EPEC Project, 1999, 2003.)

# Frequent symptoms in PC

- ▶ Dyspnea
  - ▶ Fatigue, poor function status, sedation
  - ▶ Nausea, vomiting, constipation
  - ▶ Mouth discomfort
  - ▶ Weight loss, dysphagia, anorexia
  - ▶ Depression, psychological pain
  - ▶ Delirium
  - ▶ Pain
  - ▶ Terminal secretions
- 



# Interprofessional Approach in Palliative Care

## رویکرد بین حرفه‌ای در مراقبت تسکینی

Dr. Irajpour

# General Principles of Palliative Care

- ▶ Patient and family as unit of care
- ▶ Attention to physical, psychological, cultural, social, ethical and spiritual needs
- ▶ Education and support of patient and family
- ▶ Bereavement Support
- ▶ May balance comfort measures and curative treatments
- ▶ Appropriate at any stage of the disease
- ▶ Does not require a prognosis of less than six months
- ▶ **Interprofessional team approach**

We are the Doctors. We Lead!



Excuse me, but Nurses actually work directly with Patients...



When you get to the mouth, call us.

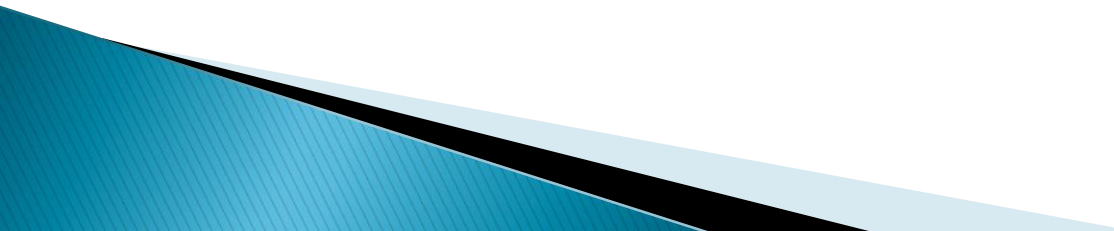


Without me, you both wouldn't know a benzodiazapine from a barbiturate.



# **Interprofessional Collaborative Practice: Defining & Assessing**

**Interprofessional collaborative practice: “When multiple health workers from different professional backgrounds work together with patients, families, carers [sic], and communities to deliver the highest quality of care” (WHO, 2010)**

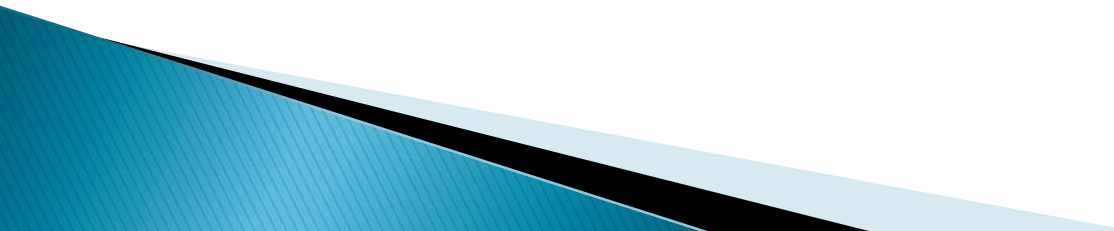


# Components of Interprofessional Team in Palliative Care

- ▶ Patient & Family
- ▶ MD primary team
- ▶ MD consultants
- ▶ Nursing
- ▶ Psychologist
- ▶ Social Workers
- ▶ Physical or occupational therapy, respiratory therapy
- ▶ Nutrition services
- ▶ Spiritual care support
- ▶ Pharmacists
- ▶ Complimentary and Alternative therapy
- ▶ Nursing home, hospice, home health services
- ▶ Volunteers

# The Effectiveness of Teamwork

## DEPENDS ON:

- ▶ Level of integration between professionals
  - ▶ Communication
  - ▶ Coordination
  - ▶ Collaboration among team members
  - ▶ Organizational structure & mutual support
  - ▶ Power Distribution & balance of member contributions
  - ▶ Professional Effort
- 





# Enhancing Interprofessional Collaborative Practice in Hospice & Palliative Care

- **HRSA NEPQR-IPCP Grant**  
**Awarded July 2013 - June 2016**  
**Four Seasons ~ Compassion for Life**
- **Institute of Medicine (IOM) Study on Interprofessional Education**
  - **Education**
  - **Practice Model**

# Hospice Interdisciplinary Team

Nurse

Nurse Practitioner\*

Hospice Aide

Physician

Volunteer

Medical Social Worker

Spiritual Care Counselor

Bereavement Counselor

Music Therapist\*

Patient Family Advisor\*

**\*specific to Four Seasons, but not all hospice agencies**

- ▶ Patient– centeredness



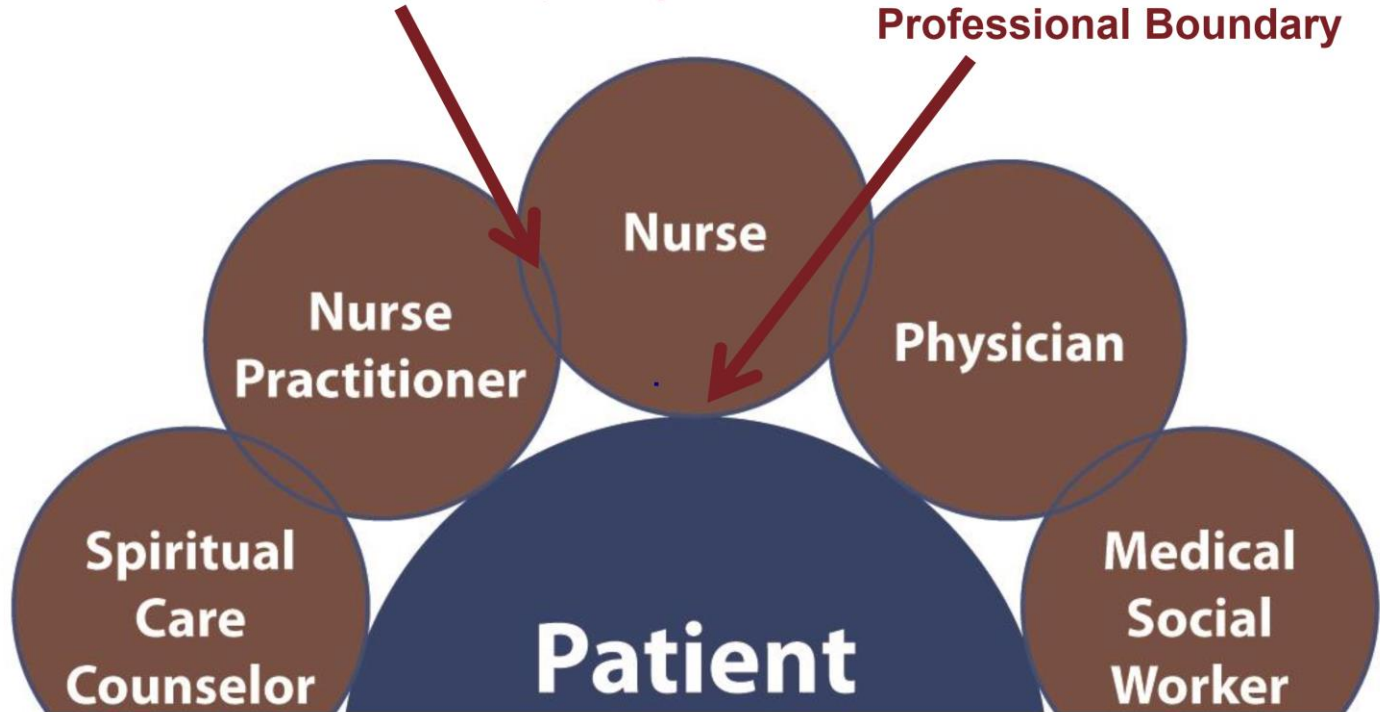
# Interprofessional Palliative Care Team



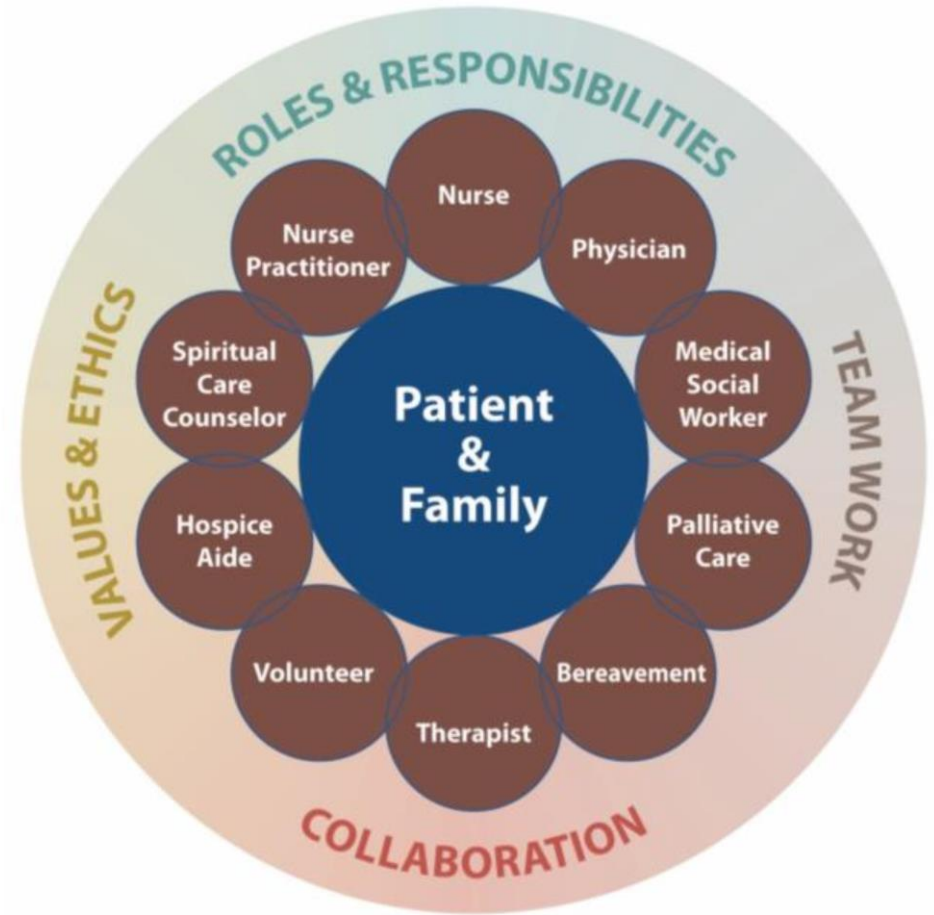


**Collaborative, Trans-disciplinary Care**

**Professional Boundary**



# Interprofessional Competencies



# Interprofessional Competencies

## **Values & Ethics:**

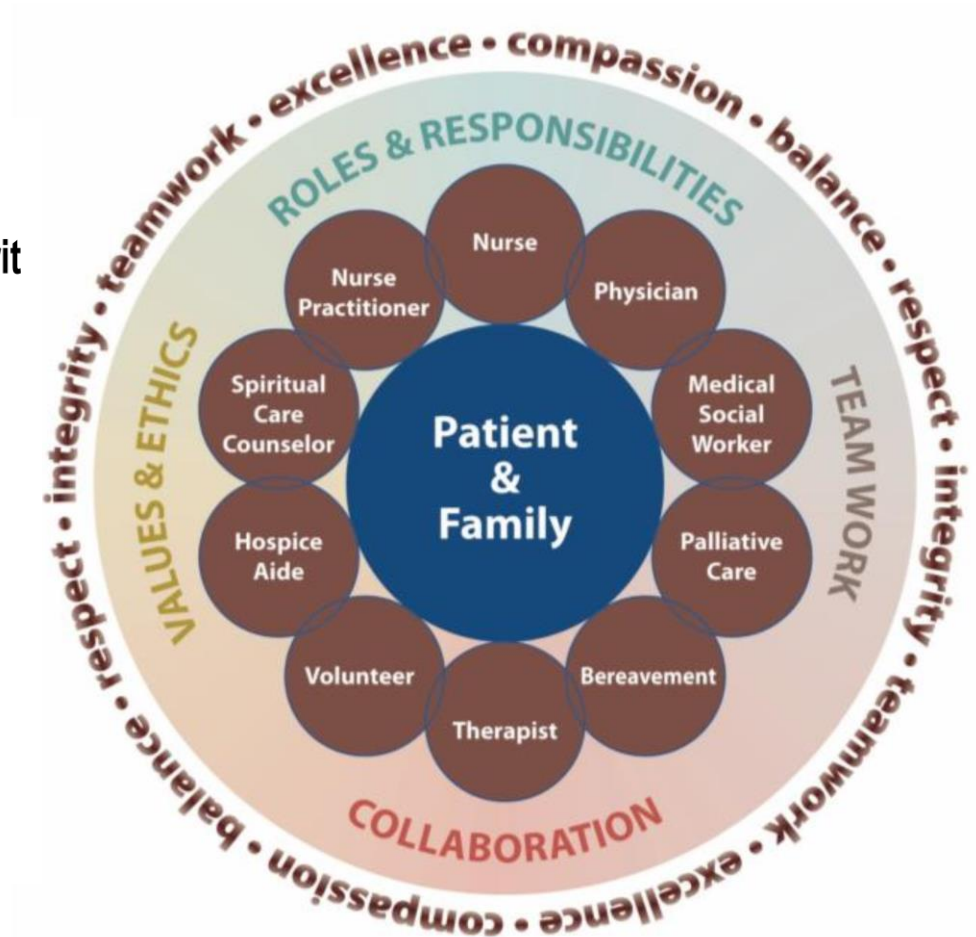
**Work with individuals of other professions to maintain a climate of mutual respect and shared values**

## **Communication & Collaboration:**

**Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.**

# Values

- **Compassion:** A companion for the journey
- **Balance:** Seek harmony of mind, body, and spirit
- **Respect:** Each person is honored
- **Integrity:** Be trustworthy in all things
- **Teamwork:** Together everyone achieves more
- **Excellence:** Dream more (than others think is practical) Expect more (than others think is possible)
- **Resilience:** Recover and Thrive from any Challenge or Change





# Interprofessional Competencies

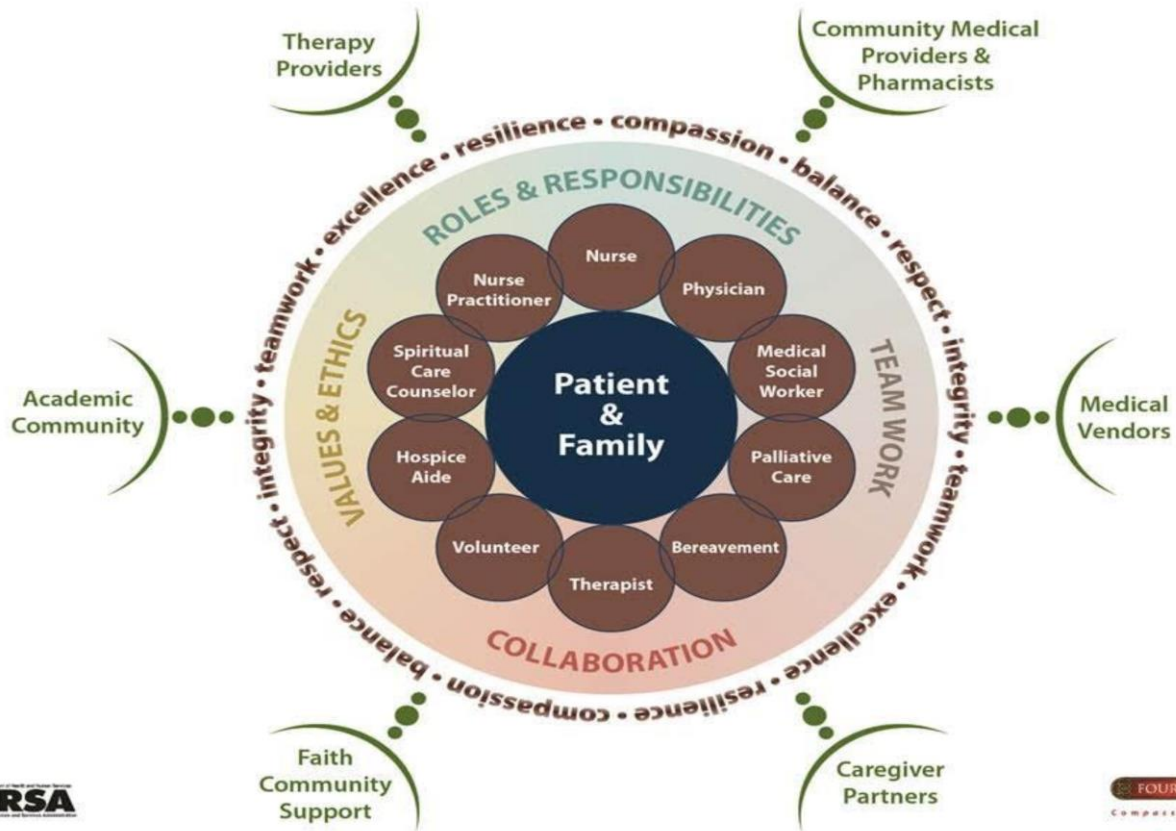
## **Teamwork:**

**Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable**

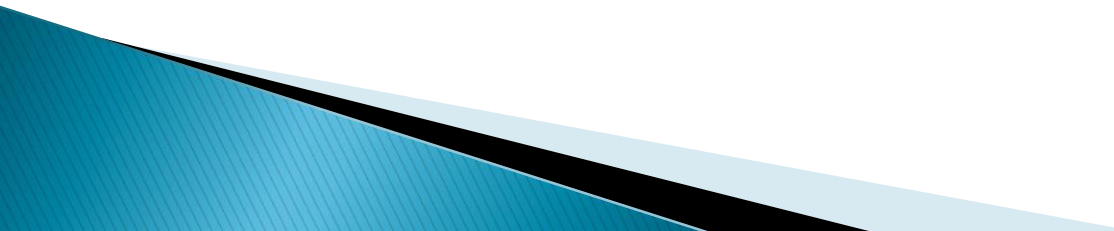
## **Roles & Responsibilities:**

**Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served**

# Interprofessional Collaborative Practice Model



# The Physicians' Role in Palliative Care

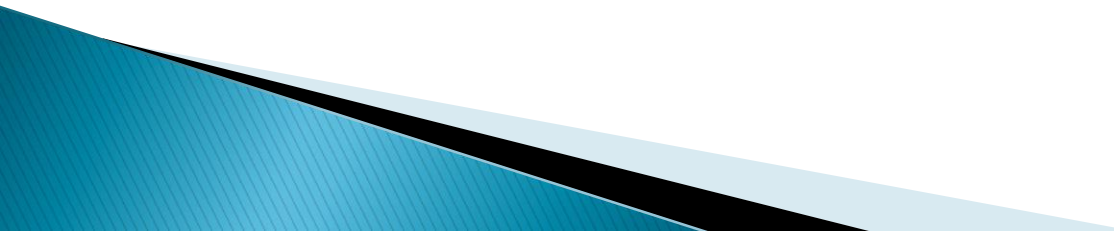
- ▶ 1. Discuss and document patient's options for treatment
  - ▶ 2. Discuss and document options for pain and symptom management
  - ▶ 3. Ensures consensus is reached among physicians
  - ▶ 4 . Certifies that the patient needs the services provided and agrees/signs plan of care
  - ▶ 5 . Attend family conference
- 

# Types of doctors in a palliative care team

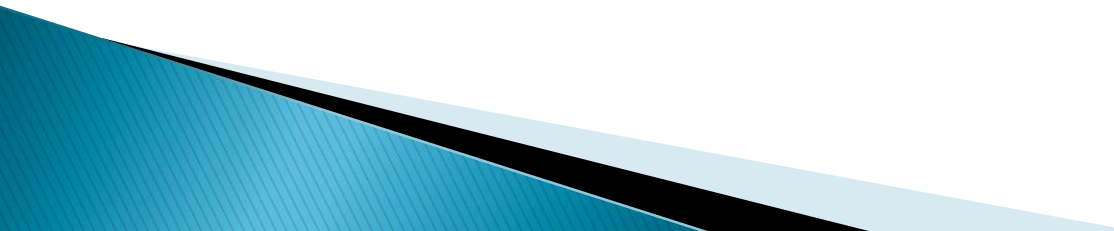
- ▶ If someone are diagnosed with a life-limiting illness, s/he will probably see a range of doctors, including:
  - ▶ • physicians and surgeons (oncologists, neurologists, respiratory physicians )
  - general practitioners
  - palliative care consultants
  - psychiatrists.

Each doctor will provide a different type of medical care and the types of doctor will depend on the kind of illness patient are diagnosed with.

# THE NURSING ROLE IN PALLIATIVE CARE

- ▶ Need assessment
  - ▶ Relief for physical symptoms
  - ▶ Achieving quality of life
  - ▶ Maintaining an independent patient
  - ▶ Relief for mental anguish and social isolation
  - ▶ Family support
  - ▶ Reducing isolation, fear and anxiety
  - ▶ Good death or dying well
- 

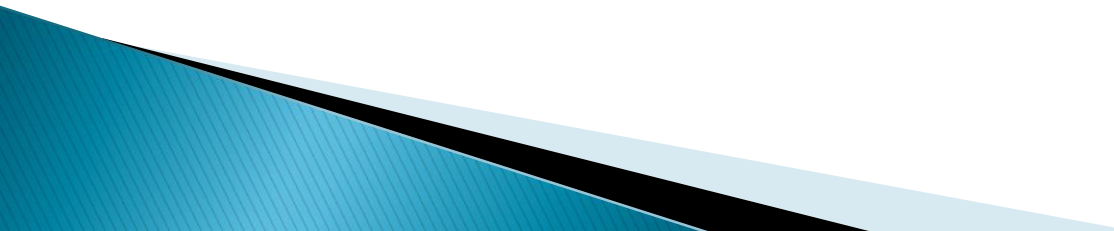
# ESSENTIAL INTERVENTIONS OF THE NURSE IN PALLIATIVE CARE

- ▶ Relief of symptoms
  - ▶ Open dialogue, Improved interpersonal communication
  - ▶ Support patient, family, therapists and colleagues.
  - ▶ Communication with team to empower the patient
  - ▶ Respond to anger.
  - ▶ Improve quality of life until death
  - ▶ Respond to family
  - ▶ Be when the death occur
- 

# THE PSYCHOLOGISTS ROLE IN PALLIATIVE CARE

<b>Intervention point</b>	<b>Role/contribution of psychologist</b>
1. Prior to life-limiting illness	<ul style="list-style-type: none"><li>● Health promotion</li><li>● Advance care planning</li><li>● Public awareness and education programming</li></ul>
2. After diagnosis	<ul style="list-style-type: none"><li>● Supporting patients and their families</li><li>● Offering consultation/training for professionals</li><li>● Facilitating patient-professional communication</li></ul>
3. During advanced illness/dying	<ul style="list-style-type: none"><li>● Psychosocial work with patients and their families</li><li>● Interventions addressing:<ul style="list-style-type: none"><li>– Anticipatory grief and adjustment reactions</li><li>– Existential and spiritual issues</li><li>– Mental disorders</li><li>– Pain and physical symptom management</li><li>– Advance care planning</li><li>– Life review</li><li>– Unresolved life concerns</li></ul></li></ul>
4. Bereavement	<ul style="list-style-type: none"><li>● Identifying bereaved persons at risk</li><li>● Grief therapy</li></ul>

# Spiritual care specialists

- ▶ To help staff to identify the Spiritual Care Support need and distress
  - ▶ To ensure that all staff and volunteers have access to sufficient information and are supported
  - ▶ To work collaboratively with all members of the multi-disciplinary team (MDT), and attend MDT meetings
  - ▶ To provide religious offices as may be appropriate to support the delivery of Spiritual and Religious care to patients, relatives and carers
  - ▶ To be responsible for the hospice's Spiritual Care spaces, irrespective of religion, belief, faith or none.
- 



سازمان مردم نهاد  
کانون حمایت و مراقبت  
بیماران صعب العلاج ایرانیان



# کانون حمد ایرانیان

معرفی کتاب راهنمای بالینی بین حرفه ای  
مراقبت معنوی از بیماران مزمن

این کتاب محصول مطالعه ای برای تدوین راهنمای بالینی به روش بومی سازی با الگوی **ADAPTE Collaboartaion** می باشد که در نه فصل و پیوست برنامه اجرایی بین حرفه ای مراقبت های معنوی در مبتلایان به بیماری های مزمن تقدیم علاقه مندان شده است.

برای مشاهده فصل اول کتاب لطفا این **QR Code** را اسکن کنید.



♦ قیمت کتاب و هزینه پست: ۵۰۰۰۰ تومان

♦ شماره کارت بانک رفاه جهت واریز وجه بنام کانون حمایت از بیماران صعب العلاج ایرانیان:

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♦ شماره واتساپ برای ارسال نام و نام خانوادگی، آدرس، کد پستی و تصویر فیش واریزی:

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🎯 تمام عواید فروش کتاب برای خدمات کانون حمد ایرانیان هزینه خواهد شد.

hamdir.ir


# Rehabilitation ( Physiotherapist)

- ▶ **Prevention:** whole body and target specific exercise and education.
- ▶ **Acute and post acute care:** postoperative cardiopulmonary intervention; post surgery through targeted large muscle mass exercise programs; specific management for recovery of musculoskeletal and neuro motor function (eg. following mastectomy); approaches to pain management
- ▶ **Acute institutional and community based rehabilitation:** through simple measures (eg. wheelchair retraining after spinal cord compression, gait re-training following neurological dysfunction)
- ▶ **Palliative care:** other physiotherapy specific skills in symptom control management (eg. TENS for pain relief, lymphoedema and incontinence programs, laser therapy for wound and ulcer management, and maintenance of mobility and physical function to optimise quality of life and contribute positively to easing carer burden).

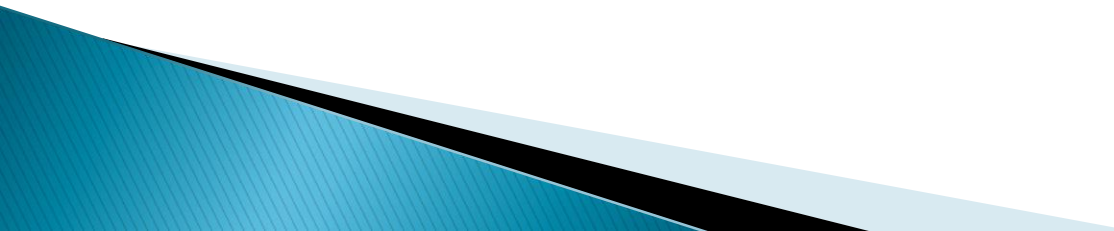
# Occupational Therapist

- ▶ Not restoration to a former condition & status but **a recomposition** of life' using the OT process to help to build the client's life to a manageable level (Bateson, 1990)
- ▶ The OT role is to **inform, support, facilitate, & enable opportunities** for patients to perform activities in order to promote function, quality of life, the realization of potential & the retention of valued roles within the family.

# Role of Palliative Care Social Worker

- ▶ Value an individual through holistic approach
  - ▶ Maximizing comfort and wellbeing
  - ▶ navigating medical and social systems
  - ▶ Prepare each community to palliative care
  - ▶ communicating with families, patient, and healthcare team
  - ▶ guiding the team in their interactions with them;
  - ▶ Address mental health needs, grief, and psychosocial and spiritual aspects of well-being;
  - ▶ helping individuals and families cope in crises
  - ▶ providing intensive counseling for those confronted by advanced illness
- 

# Palliative care volunteers

- ▶ Palliative care volunteers are members of the community or family members who provide their services to people with a life-limiting illness and their families for free. They are recruited, trained and managed by local palliative care services and can offer practical help around the home, provide emotional support, and help with running errands.
- 

کمک آنلاین به کانون حمد

ثبت نام بیمار

صورت به عنوان همکار

ورود اعضا

کتابخانه - فروشگاه - فراخوان ها

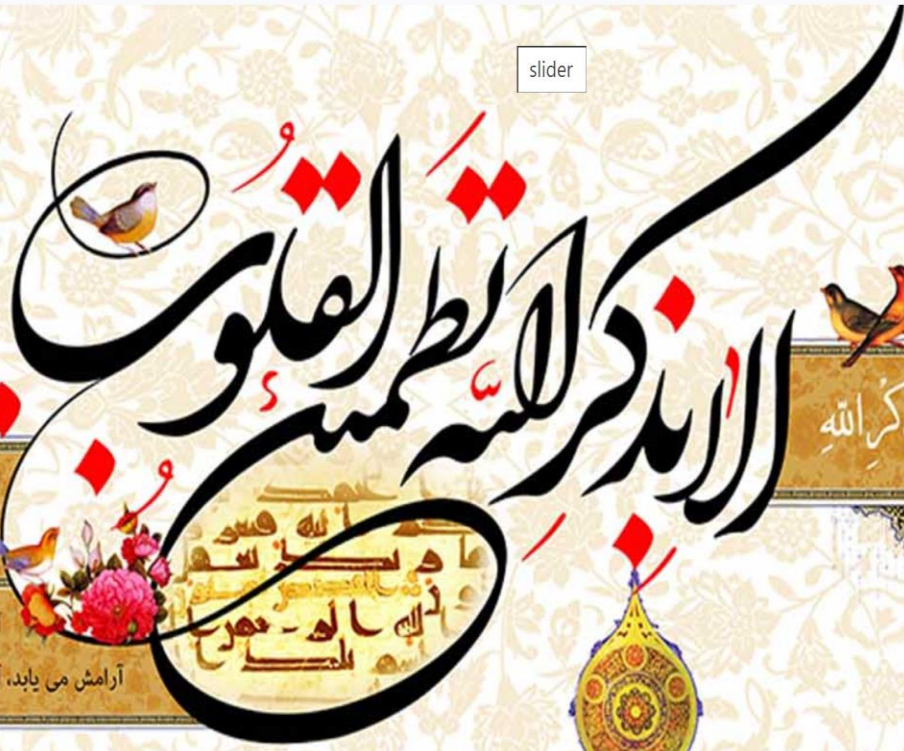
کانون حمایت و مراقبت از بیماران  
صعب العلاج ایرانیان

کانون همکار ایرانیان



خانه آشنایی با حمد - خدمات حمد - همکاری با حمد

slider



الَّذِينَ آمَنُوا وَتَطْمَئِنُّ قُلُوبُهُمْ بِذِكْرِ اللَّهِ

الَّذِينَ آمَنُوا وَتَطْمَئِنُّ قُلُوبُهُمْ بِذِكْرِ اللَّهِ

آنان که ایمان آورده اند و دل‌هایشان به یاد خدا آرامش می یابد، آگاه باشید که دلها به یاد خدا آرامش می یابد.

۳,۲۰۰

تعداد بیماران

۲۸۲

تعداد داوطلبین

کانون حمایت و مراقبت از بیماران صعب العلاج ایرانیان، از تاریخ ۱۳۹۳/۶/۱۵، پس از برگزاری اولین مجمع عمومی خود که با حضور ۱۰۰ نفر از پزشکان و کادر درمانی، خیرین، داوطلبان و اصحاب رسانه برگزار شد و با سخنرانی ریاست دانشگاه علوم پزشکی و خدمات بهداشتی درمانی اصفهان به عنوان میهمان ویژه و اعضای هیات مدیره کانون همراه بود، فعالیت رسمی خود را آغاز نمود.



[عضویت به عنوان همکار](#)

کمک آنلاین به کانون حمد

ثبت نام بیمار

کانون حمایت و مراقبت از بیماران  
صعب العلاج ایرانیان



کانون جمعی ایرانیان

کتابخانه ▾ فروشگاه فراخوان ها

دانستنیها

رساله ها (پایان نامه ها)

رسانه

کتاب

مجله حمد

مقاله

الَّذِينَ يَذْكُرُونَ اللَّهَ تَطْمَئِنُّ الْقُلُوبُ



# معرفی تارنمای شبکه توسعه آموزش و همکاریهای بین حرفه ای



ثبت نام | ورود

03136702461 با ما تماس بگیرید: info@ipe-c.ir

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- تالارهای گفتگو
- اخبار
- تیم مدیریت شبکه
- تماس با ما

شبکه توسعه آموزش و همکاریهای بین حرفه ای  
Network for Developing Interprofessional Education & Collaboration



# شبکه توسعه آموزش و همکاریهای بین حرفه ای

## Network for Developing Interprofessional Education & Collaboration

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# دعوت به همکاری برای اشتراک محتوا

- تماس با ما
- تیم مدیریت شبکه
- اخبار
- تالارهای گفتگو
- کتابخانه
- مبانی نظری
- درباره ما
- خانه



شبکه توسعه آموزش و همکاری های بین

Network for De

A bouquet of tulips in various shades of pink and white, arranged in a light blue ceramic vase. The background is a soft, out-of-focus pink. The tulips are in various stages of bloom, with some fully open and others as buds. The lighting is soft and even, highlighting the delicate petals.

شکر از توجه شما