A Practical Guide to Best Practice

Symptom Control & Management in End of Life Care

Tuesday 29th June 2021

Virtual Conference



Chair & Speakers include:

Professor Adrian Blundell

Member, Guideline Development Group, Clinical Guideline on Care of the Dying Adult, NICE & Consultant Geriatrician, Professor in Medicine of Older People Nottingham University Hospital **Dr Andrew Tweddle**

Consultant in Palliative Care, Royal Marsden NHS Foundation Trust **Dr Angela Halley**

Consultant in Palliative Medicine
The Royal Marsden NHS
Foundation Trust















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"Poorly controlled symptoms can lead to considerable distress for the dying person." Care of dying adults in the last days of life, NICE

The findings from the 2019/20 NACEL Report showed that for patients dying in hospitals:

- 73% of respondents felt the person was given sufficient pain relief, 9% disagreed or strongly disagreed
- 69% felt the person had sufficient relief of symptoms other than pain (such as nausea or restlessness) always or most of the time, 10% disagreed
- 60% felt the person had support to drink or receive fluid if he/she wished always or most of the time, 12% disagreed
- 56% felt the person had support to receive nutrition, 13% disagreed

"By continuing to assess signs and symptoms that suggest someone is in the last days of their life, responsive and compassionate care can be provided to ensure that the person is as comfortable as possible if their condition continues to deteriorate."

It is widely recognised that pain and symptom control at the end of life is not always optimal, this conference focuses on symptom control and management in end of life care - supporting you to deliver best practice in managing both common and difficult to control experienced symptoms to maintain the person's comfort and dignity without causing unacceptable side effects. The conference will focus on both pharmacological and non-pharmacological methods of symptom management and also discuss symptom control for patients at the end of life with Covid-19.

This conference will enable you to:

- · Network with colleagues who are working to improve symptom control and management for people at the end of life
- Reflect on the lived experience of a person with a terminal illness and how we can better involve people in decision making and preferences for symptom management
- Learn from outstanding practice in managing common, and difficult to control symptoms at the end of life
- Reflect on national developments and learning
- Symptom control in Covid-19 patients at the end of life
- Ensure effective management of pain, breathlessness and respiratory secretions, nausea and vomiting, constipation and other common end of life symptoms
- Improve the way pain is managed at the end of life, including the use of controlled drugs
- Develop best practice in prescribing for symptom control in End of Life Care including developing the role of the non-medical prescriber
- Understand prescribing side effects and toxicity at the end of life
- Understand how you can improve the management of hydration and nutrition including latest evidence on Clinically Assisted Nutrition and Hydration
- · Identify key strategies for managing Agitation, Delirium and Anxiety at the end of life
- Develop your role in providing physiological, psychological, social and spiritual support
- Improve the use of complementary therapies
- Self assess and reflect on your own practice
- Gain CPD accreditation points contributing to professional development and revalidation evidence



10.00 Chair's Welcome & Introduction

Professor Adrian Blundell

Member, Guideline Development Group, Clinical Guideline on Care of the Dying Adult, NICE

& Consultant Geriatrician, Professor in Medicine of Older People Nottingham University Hospital

10.10 Putting personal experience first

Kay Smith

VR Patient By Experience and Author of "When the Drugs Don't Work"

- ensuring engaged, informed individuals and carers
- improving information about symptoms, what to expect and decision making at the end of life and engaging people in preferences for symptom management
- how can we help ensure all care is personalised
- new approaches VR for pain control at the end of life

10.40 EXTENDED SESSION: Managing Common and Difficult to Control Symptoms at the End of Life

Dr Dee Traue

Consultant in Palliative Medicine

North London Hospice

- common symptoms at the end of life and best practice management
- principles of symptom management
- approaches to managing nausea and vomiting
- breathlessness and respiratory secretions
- · symptom assessment and management
- · difficult to manage symptoms and palliative care emergencies at the end of life

11.40 Comfort Break and Virtual Networking

12.00 EXTENDED SESSION

Managing Pain at the End of Life

Dr Andrew Tweddle

Consultant in Palliative Care, Royal Marsden NHS Foundation Trust

- pain assessment and management leading up to the end of life and during the dying phase
- toxicity and side effects
- the practicalities and governance of prescribing controlled drugs
- · developing the role of anticipatory prescribing
- the use of Syringe Drivers and Syringe Driver combinations
- · case based discussions

12.45 Managing Agitation, Delirium and Anxiety at the end of life

Prof Adrian Blundell

Member, Guideline Development Group, Clinical Guideline on Care of the Dying Adult, NICE & Consultant Geriatrician, Professor in Medicine of Older People Nottingham University Hospital

- anxious, restless and occasionally aggressive behaviour at the end of life
- assessment of delirium and management options
- dementia, delirium and depression
- non medical interventions and reassurance: supporting the family
- medical interventions and sedation

13.20 Lunch Break and Virtual Networking

14.00 Nutrition and Hydration within the Dying Phase including Clinically Assisted Nutrition and Hydration

Dr Angela Halley

Consultant in Palliative Medicine
The Royal Marsden NHS Foundation Trust

- hydration and nutrition in the last days of life- guidance and evidence
- the role of clinically assisted hydration may relieving distressing symptoms associated with dehydration
- making decisions about CANH the BMA/RCP Guideline and Framework
- ethical and legal considerations of withdrawing hydration and nutrition at the end of life in clinical practice
- discussing and assessing hydration with patients, family and staff at the end of life

14.30 EXTENDED SESSION: Best practice in prescribing for symptom control and Pain in End of Life Care

Dr Sharon Chadwick

Medical Director Hospice of St Francis, Berkhamsted, Macmillan Consultant in Palliative Medicine West Hertfordshire Hospitals NHS Trust

- prescribing for symptom control: current issues
- best practice in prescribing for symptom control at the end of life
- developing the role of non medical prescribing practice
 case study prescribing for breathlessness at the end of li
- case study: prescribing for breathlessness at the end of life
- supporting non medical prescribers: infrastructure needed to support the safe and
 effective development and implementation of Non Medical Prescribing

15.15 Comfort Break and Virtual Networking

15.30 Providing physiological, psychological, social and spiritual support

Revd Dr Steve Nolan

Chaplain Princess Alice Hospice

Visiting Research Fellow The University of Winchester

- \bullet managing and supporting people through the psychological impact of dying
- \bullet developing the role of spiritual support
- our experience

16.00 Continence care at end of life

Linda Nazarko OBE

Consultant Nurse Physical Healthcare West London NHS Trust

- reasons why a person may develop continence issues at end of life
- assessment and management of diarrhoea, constipation and faecal impaction
- improving practice
- possible obstacles in differing care settings and practical solutions

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Venue

This conference is run virtually on Zoom with a live stream and interactive breakout sessions. There is a dedicated landing page with resources available for 3 months after the event date.

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Conference Fee

	£295 + VAT (£354.00) for NHS, Social care, privat
_	healthcare organisations and universities.

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