

# The Impact of a Home-Based Palliative Medicine Service on the Care for a Community-Dwelling Patient with Intractable Cancer Pain

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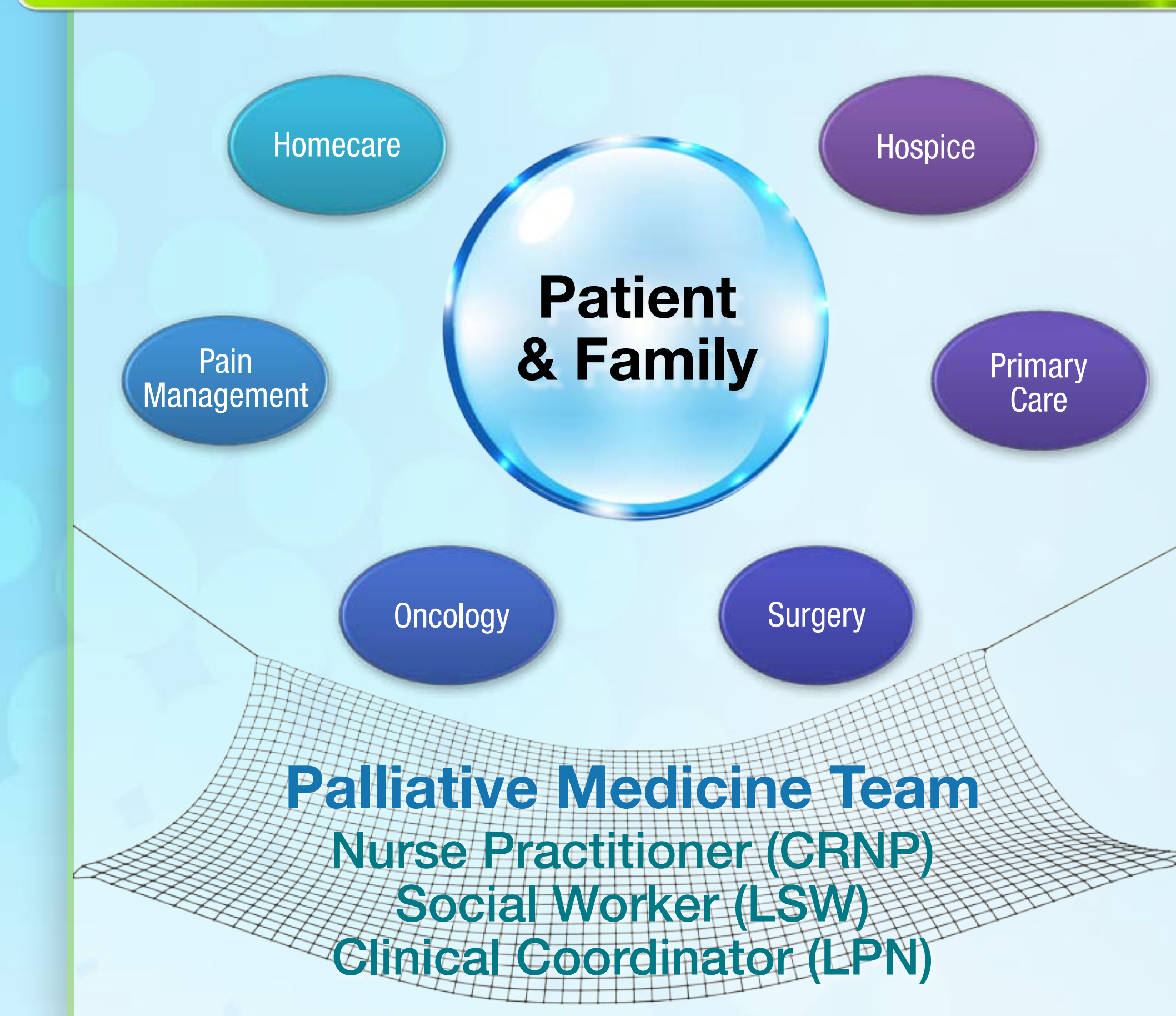
## Patient Information

- 53 year old male
- Significant other only family support
- Unemployed
- Uninsured

## Disease Progression and Treatment

- Diagnosis: T3N1 poorly differentiated small cell carcinoma
- Multiple rounds of chemotherapy and radiation
- Low anterior resection with loop ileostomy
- Metastases to lymph nodes & pre-sacral soft tissue
- Intractable pain, weight loss, functional decline
- Malignant bowel obstruction
- Unsuccessful pain management interventions

## Interdisciplinary Care Team



## Learnings

- Care coordination a multidisciplinary effort
- Importance of peer consultation
- CRNP house calls allow therapeutic relationship building and promote goals clarification
- Importance of assessing individual patient response to treatment interventions
- Uncovering psychosocial needs

## Major Challenges

- Patient wanted to explore all options, but did not qualify for any clinical trial
- Poor response to pain management interventions
- Patient unwilling to accept any treatment externally visible on the body
- Psychosocial issues
- Lack of resources

## Palliative Medicine Nurse Practitioner Role

- Care coordination
- Provider to provider communication
- Symptom management
- Psychosocial support
- Advocacy & referral
- Transition to hospice

## Outcomes

- Successful pain control
- Patient died at home with significant other as per patient goals
- Significant other identified tangible benefit of Palliative Medicine involvement

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