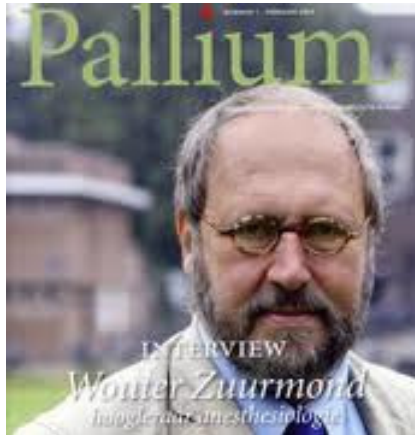


HOSPICE AND HOSPITAL IS PARTNERSHIP POSSIBLE

Prof dr Wouter WA Zuurmond
VUmc Medical University Center
Medical Director Hospice Kuria
Amsterdam



On behalf of Wouter Zuurmond by Joep Douma, medical oncologist / palliative care services Rijnstate Hospital Arnhem, the Netherlands





Expertisecentrum Palliatieve zorg VUmc

Center of Expertise Palliative Care VUmc

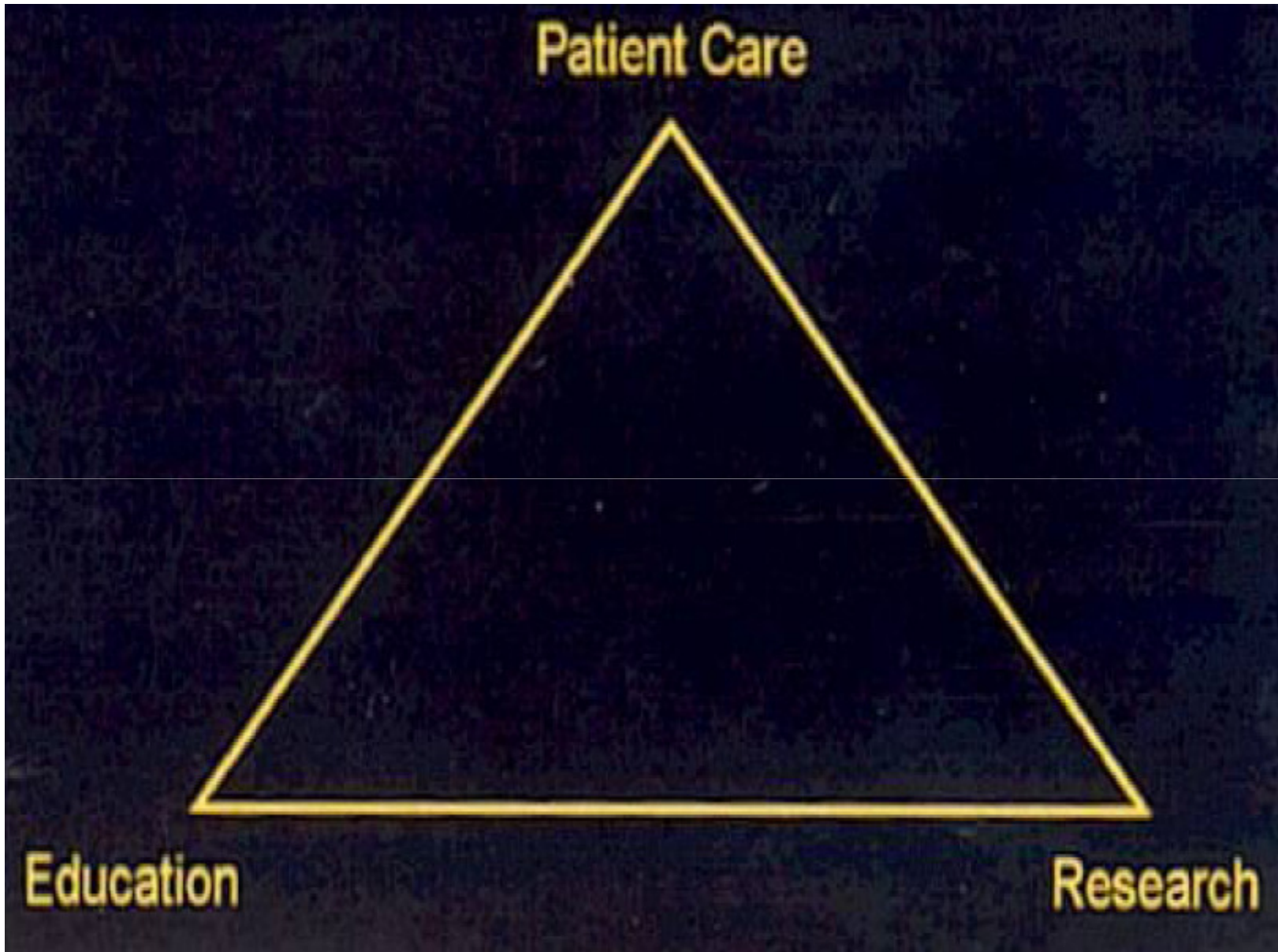






HOSPICE KURIA

Founded 1992



Website EPZ VUmc

- zorg
- opleidingen
- onderzoek

- Expertisecentrum Palliatieve Zorg VUmc ←
- Nieuws ↓
- EPZ Werkgroep Onderwijs →
- EPZ Werkgroep Onderzoek →
- EPZ Patiëntenzorg →
- Agenda →
- Contactgegevens en staffleden →
- Praktische websites →
- Over VU medisch centrum



EPZ-Website is live

6 maart 2008

De website van het EPZ is 'live'. De belangrijkste doelen van de website zijn het bekendmaken van het EPZ en het bieden van de mogelijkheid om de EPZ-leden te voorzien van middelen en informatie.

De website moet vooral een toegankelijke bron worden voor iedereen die wil weten welke activiteiten op palliatieve zorggebied er zijn in VUmc en de regio Amsterdam. Iedere werkgroep (Onderwijs, Onderzoek, Patiëntenzorg) wordt op de website voorgesteld. De ledenlijst en de missie, visie en doelen van iedere werkgroep zijn beschikbaar. In de toekomst zullen de producten van de werkgroepen op de website verschijnen en daarmee ook algemeen beschikbaar zijn.

Ook nieuws zal verschijnen op de website, zoals nieuwe



zoeken

[Uitgebreid zoeken](#) [zoeken](#)



**Expertisecentrum
Palliatieve zorg VUmc**

**PATIENT CARE
PCU**

**Center of Expertise
Palliative Care VUmc**



HISTORY NATIONAL PCU's

- 1967 UK
- 1974 Cyprus
- 1993 Norway
- 1995 Germany, France, Poland, Finland
- 1999 Romenia, the Netherlands, Belgium, Hungary, Portugal, Austria, Switzerland, Slovakia, Denmark, Luxembourg

PALLIATIVE CARE UNIT

- 4 beds Department of Oncology
- Acute beds for interventional procedures Department of Anesthesiology, short stay

PALLIATIVE TEAM



- Palliative doctor oncology
- Anesthesiologists
- Clinical psychologist
- Nurse practitioner

- 24 hour service
- Helpdesk Amsterdam and region (weekends and at night)
- Liaison-officers between specialists VUmc

PALLIATIVE CARE PROFESSIONALS MEETING POINT

- Anesthesiology
- Oncology
- Radiology
- Surgery (general, neuro, ENT, orthopaedic)
- Gynaecology
- Psychology
- Psychiatry
- Internal medicine
- Dietary support
- Pulmonology
- Palliative nursing
- Social work
- Spiritual care
- Urology
- Dermatology
- Rehabilitation
- Physiotherapy
- Gastroenterology
- General practice



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PATIENT CARE
HOSPICE**

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Palliative Care VUmc**





HOSPICE KURIA

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PALLIATIVE CARE

WHY HIGH CARE HOSPICES?

WHY HIGH CARE HOSPICES?

CONCENTRATION OF CARE
PROFESSIONALS INCREASES
KNOWLEDGE

- HOSPITAL (PCU)
- NURSING HOME
- HIGH CARE HOSPICE

WHY HIGH CARE HOSPICES?

PALLIATIVE CARE UNIT HOSPITAL VS HIGH CARE HOSPICE

- Acute beds for interventional procedures , not possible in the high care hospice (for example radiotherapeutic- or procedures needing X-ray)
- Only short stay in hospitals for palliative patients (if possible)

WHY HIGH CARE HOSPICES?

High care hospices may deliver more
“tailor made” care than a hospital
and at a lower cost price

WHY HIGH CARE HOSPICES?

Volunteers may form a bridge
between institute and outer world,
sometimes mimicking neighbour
help

WHY HIGH CARE HOSPITALS?

Terminal ill patients prefer to be treated in their own environment. When home care is not possible anymore, a hospice may provide a reasonable and safe alternative.



HOSPICE KURIA

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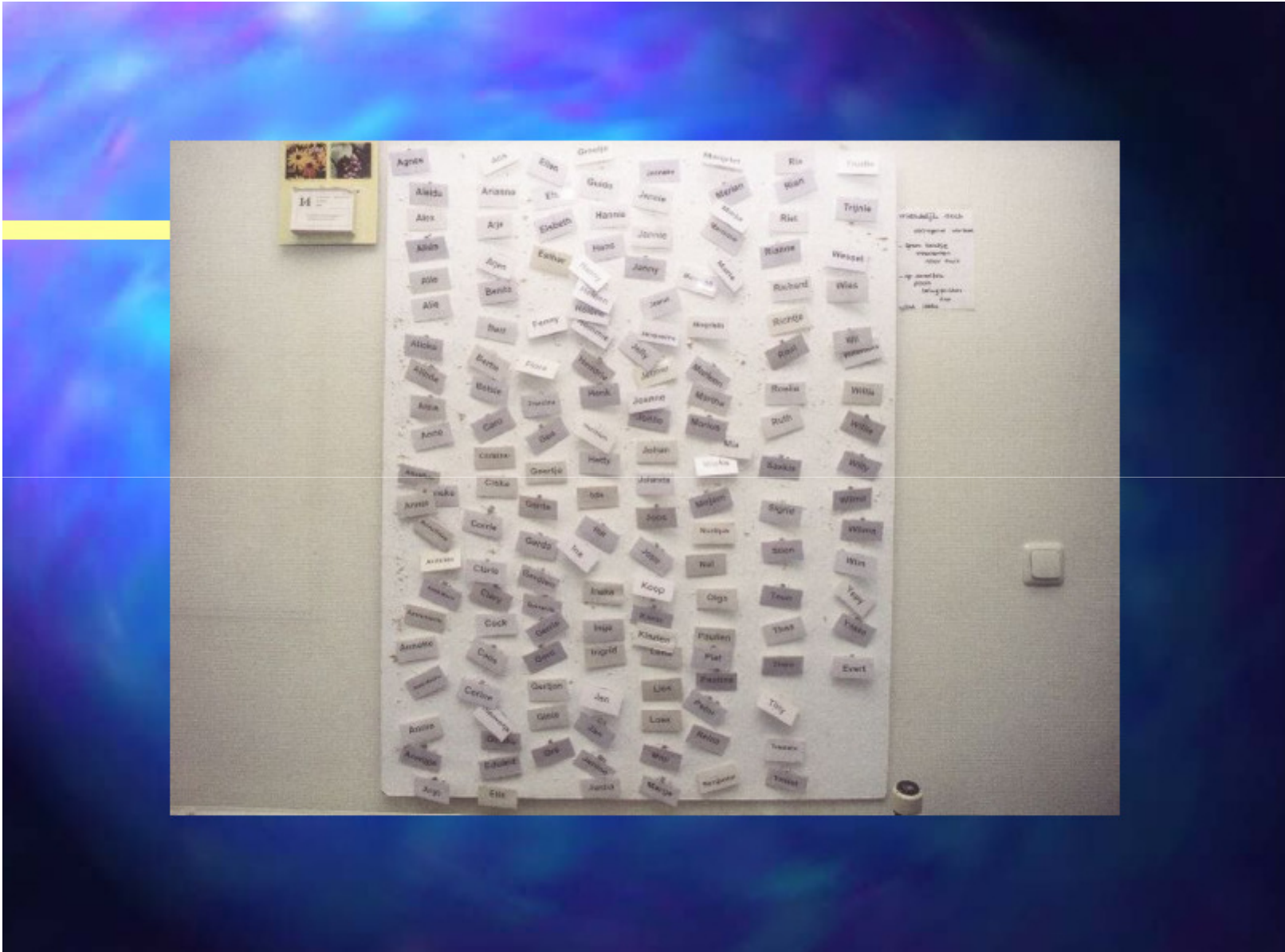
HOSPICE KURIA

- 10 patients, within 1 respite care
- 93% cancer patients
- 62 years old
- Man/woman 50%
- 34 days

HOSPICE KURIA

- 16 nurses (9,5 FTE)
- 2 doctors (GP, specialist)
- Social worker
- Pastoral worker
- Coordinator volunteers
- Secretary
- Physiotherapist
- Dietician







**Expertisecentrum
Palliatieve zorg VUmc
EDUCATION**

**Center of Expertise
Palliative Care VUmc**



EDUCATION AND ADVANCED TRAINING

- Basic levels, medical students University
- Nursing schools
- Continuing medical/nursing education
- Palliative medicine specialists, palliative care nurse specialists
- University specialists of palliative medicine



Palliatieve zorg

Zakboekje

Samenstelling:
J.R.G. Gootjes
M. Nolet



Palliatieve zorg

Richtlijnen voor de praktijk

A. de Greeff
G.M. Hesselmann
R.J.A. Krol
M.B. Kuypers
E.H. Verhagen
E.J. Vollaard



SPREKURTHUIS

Als genezen niet meer mogelijk is

Alles over kanker en de zorg in de laatste levensfase

Prof. dr. Wouter Zuurmond

www.spreekuurthuis.nl



**Expertisecentrum
Palliatieve zorg VUmc
RESEARCH**

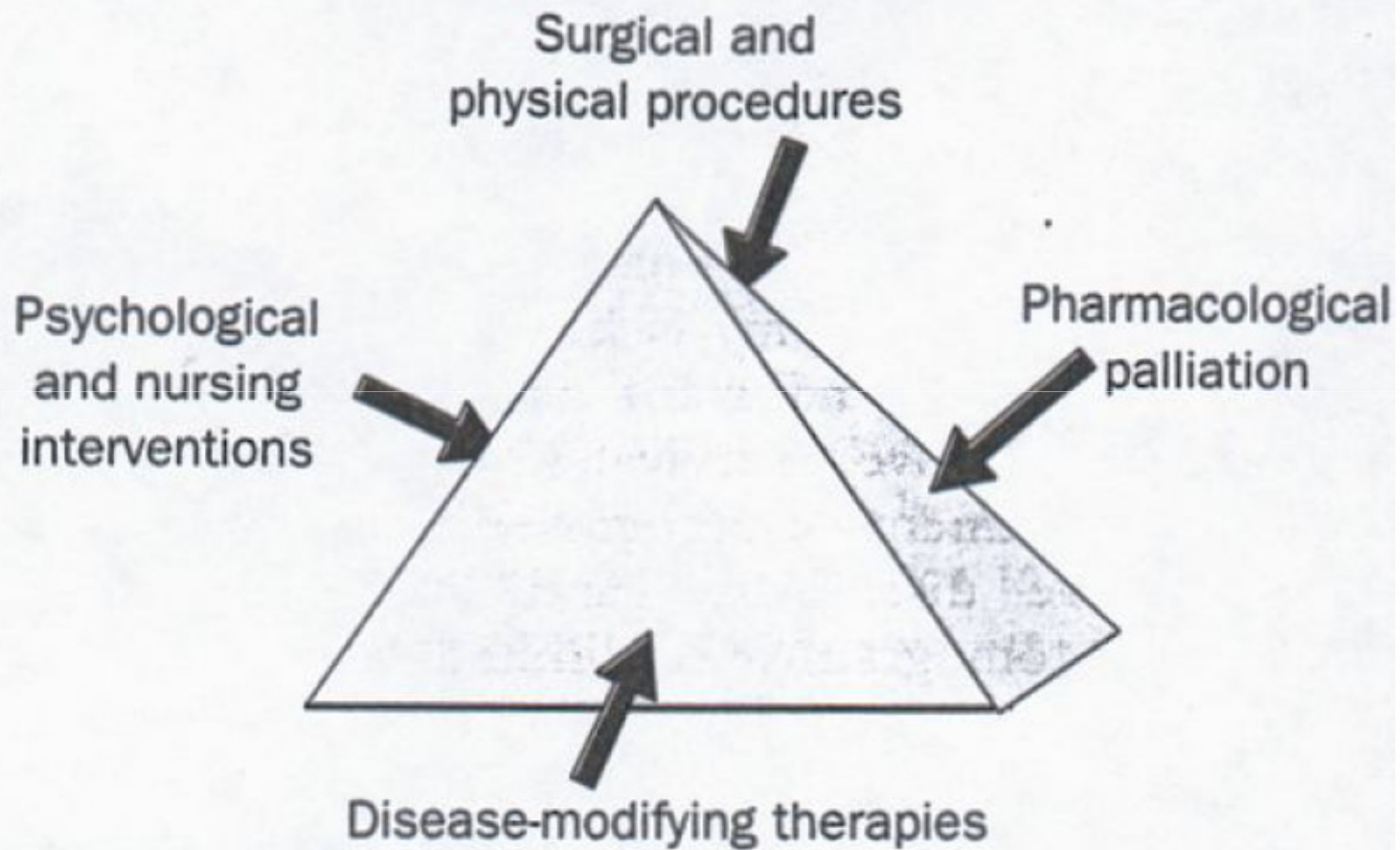
**Center of Expertise
Palliative Care VUmc**



RESEARCH

- Governmental founded research programs in PC
- Public health and extramural medicine EMGO institute (Prof L Deliens)
- Medical end-of-life decisions studies
- Evaluation of the quality of palliative care services (structure, process, delivery)
- Measurement and symptom management studies
- National and international multicentre studies
- Translational research to close the gap between basic sciences and clinical practice
- Ph students
- Dissemination of results in national and international journals, conferences and information of the public

Pyramid model for symptom control



PAIN TREATMENT

- Pharmacological pain treatment

Three-step drug ladder for cancer pain relief

1 nonopioid (e.g., aspirin, paracetamol)
± adjuvant (e.g., anticonvulsants,
psychotropics, corticosteroids)
for specific conditions

2 mild opioids
(usually codeine)
± nonopioid
± adjuvant

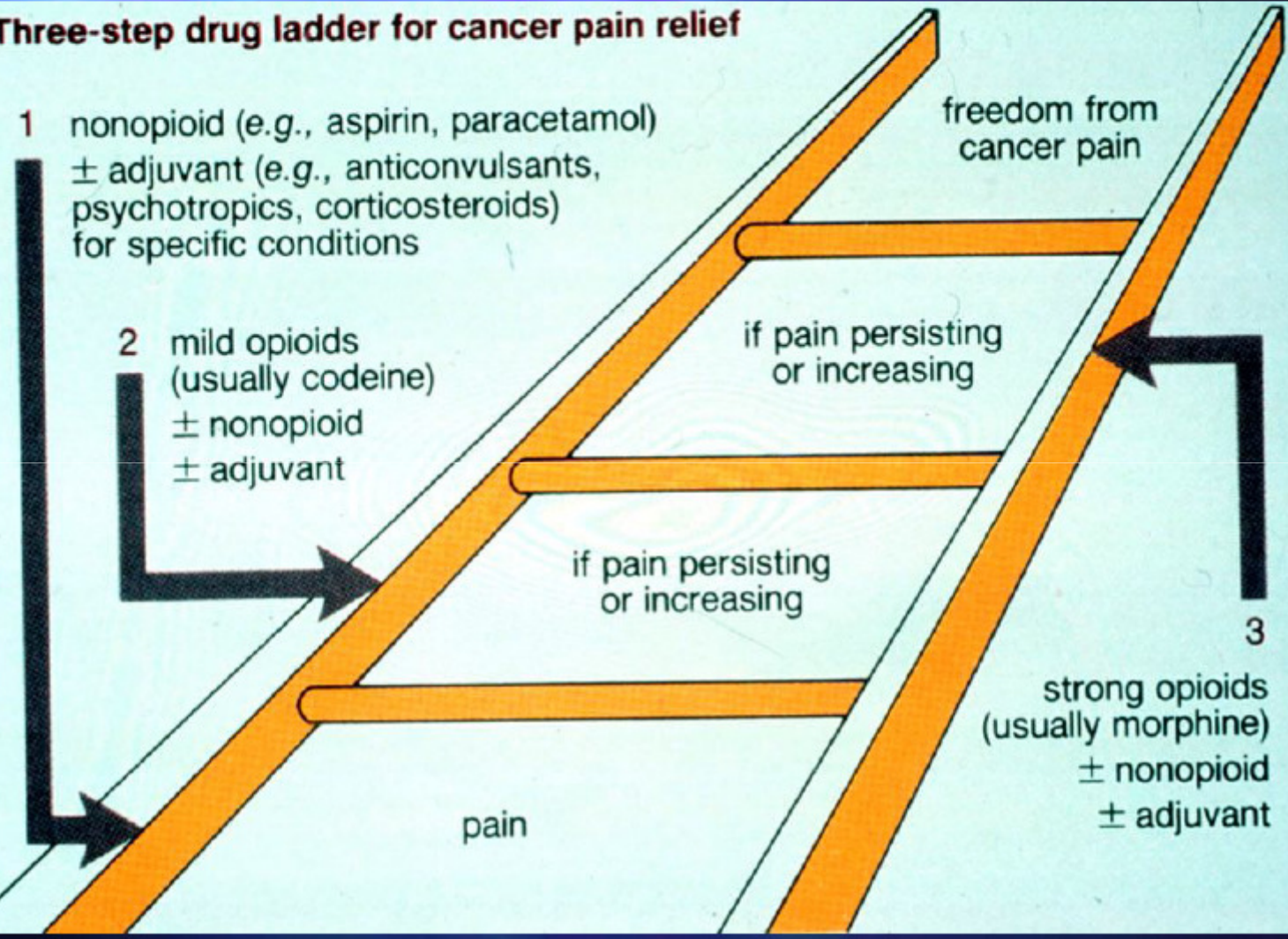
if pain persisting
or increasing

if pain persisting
or increasing

3
strong opioids
(usually morphine)
± nonopioid
± adjuvant

freedom from
cancer pain

pain



Opioid switching to improve pain relief and drug tolerability (Review)

Quigley C



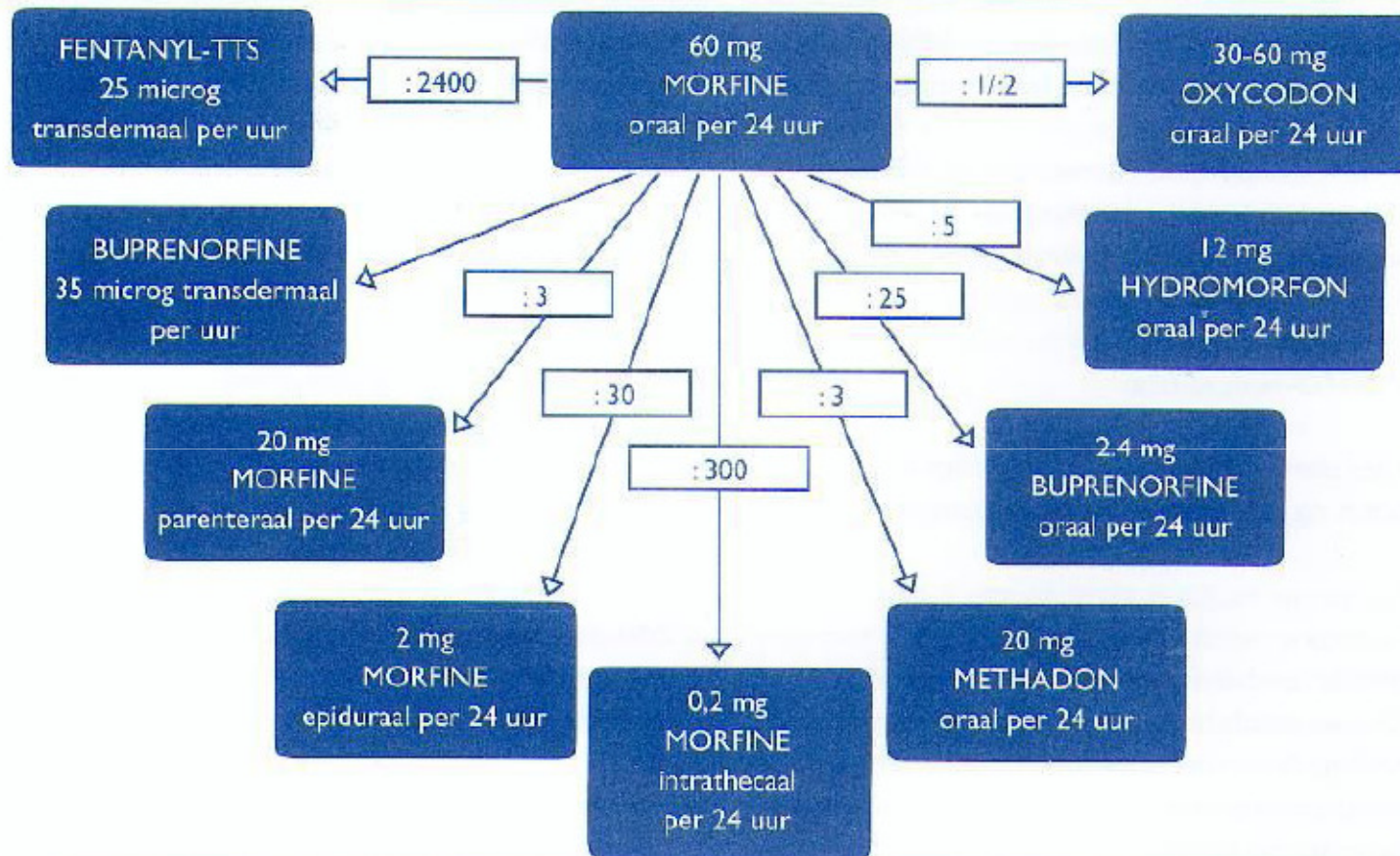
THE COCHRANE
COLLABORATION®


This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2006, Issue 1

<http://www.thecochranelibrary.com>



Opioid switching to improve pain relief and drug tolerability (Review)
Copyright © 2006 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd






1: Palliat Med. 2008 Oct;22(7):796-807.

The management of constipation in palliative care: clinical practice recommendations.

Larkin PJ, Sykes NP, Centeno C, Ellershaw JE, Elsner F, Eugene B, Gootjes JR, Nabal M, Noguera A, Ripamonti C, Zucco F, Zuurmond WW; European Consensus Group on Constipation in Palliative Care.



BREAK THROUGH PAIN

Definition:

Break through cancer pain is defined as sudden episodes of intense pain that occur despite the presence of (otherwise effective) background analgesia

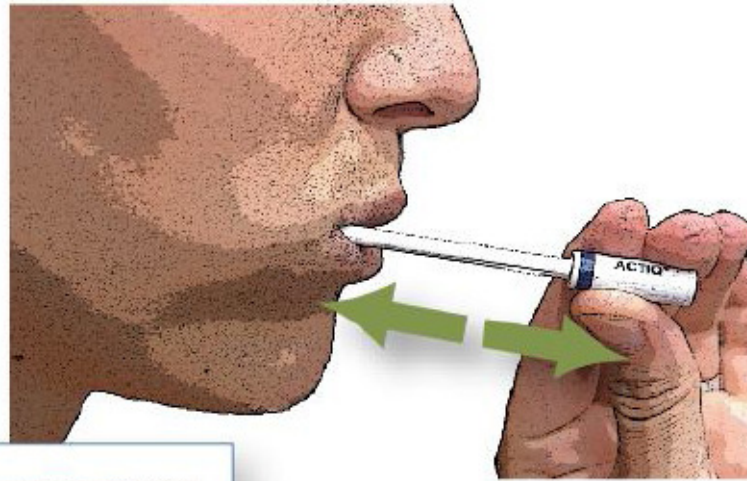
ACTIQ®

Description

Lozenge « ~~to suck~~ » with integred buccal applicator for a transmucosal administration

To rub





Hoe Actiq te gebruiken ?



Actiq is een medicijn dat verslindbaar is. Het is niet bedoeld voor gebruik als rookmiddel of als vervangend middel voor roken.



NEUROPATHIC PAIN



TRICYCLIC ANTIDEPRESSANTS (TCA)

Amitriptyline
Imipramine
Clomipramine
Doxepine
Desipramine
Nortriptyline 10-20 mg p.o., 50-150 mg

OTHER ANTIDEPRESSANTS

Venlafaxine 37.5 mg po
Alprazolam 0.25-2 mg

ANTIEPILEPTICS

Carbamazepine
Gabapentin
Pregabalin
Oxcarbazepine
Lamotrigine
Natriumvalproaat
Fenytoine
Clonazepam
Topiramaat

OPIOIDS

Tramadol
Fentanyl
Methadon
Oxycodon
Buprenorfine?

RELAXANTS

Baclofen
Tazinidine

LOCAL ANESTHETICS

Lidocaine
Mexiletine

SYMPATHICOLYTICS

Intravenous fentolamine
Oraal fenoxymetazamine
10mg/dag
Clonidine 3 dd 0.075 mg

EXTERNAL APPLICATION

Lidocaine 3-10%
Capsaicine 0,075%
DMSO 50% creme

CORTICOSTEROIDS

Dexamethason
Prednison

OTHER

Ketamine
Dextrometorphan
Amandatine

INVASIVE PAIN TREATMENT





INVASIVE PAIN TREATMENT



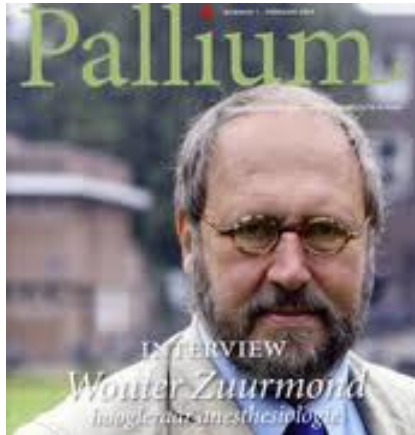
RESEARCH

- Swart SJ, Brinkkemper T, Rietjens JA, Blanker MH, Van Zuylen L, Ribbe M, Zuurmond WW, Van der Heide A, Perez RS. Physicians' and nurses' experiences with continuous palliative sedation in the Netherlands. Arch Intern Med 2010; 170: 1271-1274.



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