It’s an experience that never leaves you

A survey of nurses regarding medication orders for potential catastrophic events in patients with a terminal illness

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+ We acknowledge this land is the traditional lands for the Kaurna people and we respect their spiritual relationship with their country. We also acknowledge the Kaurna people as the custodians of the greater Adelaide region and that their cultural and heritage beliefs are still as important to the living Kaurna people today.
+ We also extend that respect to other Aboriginal Language Groups and other First Nations.

Background

- A **catastrophic event** describes a medical event in a person with an incurable illness that is acute, potentially predictable, and likely to be terminal
- In 2019, Katz et al (1) surveyed palliative medicine doctors to explore their use of crisis medications for the management of catastrophic events
- Nearly all (98.3%) clinicians had prescribed crisis medications
- Most orders were not ultimately administered
- Most clinicians were influenced by patient location and the expertise of nursing staff

- In a qualitative exploration with head and neck oncology and palliative care unit nurses, Harris et al (2) determined that crisis medication orders had **little or no benefit** in the management of terminal haemorrhage
- Catastrophic bleeding events are **difficult to predict**, accessing crisis medications **distracted from direct patient care**, and deaths were **rapid** to preclude access or benefit
- McGrath and Leahy (3) identified similar challenges in a haematology setting, however based on their findings reported there **was** utility in the use of sedation and analgesia for catastrophic bleeding events
- Burden of clinical responsibility on nursing staff

- ***Aim:*** The aim of this study was to explore the understanding, experience and perceptions of catastrophic events by palliative care nurses, including the role of catastrophic medications.
- ***Design:*** A cross sectional survey was delivered to nurses with experience working with palliative care patients.
- ***Setting/participants:*** Nursing staff working at a Comprehensive Cancer Centre in Melbourne, Victoria, and / or members of Palliative Care Nurses Australia, with scope for snowball sampling.

- ***Methods:*** A survey containing both closed and open questions was developed based on a previous survey of doctors and review of the literature.
- Data collection occurred between April and May 2025
- Ethics approval was obtained for the study through the Peter MacCallum Cancer Centre Human Research Ethics Committee (HREC/112886/PMCC)

Results

+79 responses to the survey

+Most respondents were RNs (47%)/ CNCs (28%)

+Range of clinical experience

+PCU 13%, community palliative care 25%, Oncology ward 18%, PC consultation-liaison 11%, other 6%

+Mainly working in the adult setting (91%)

Understanding of catastrophic events in palliative care

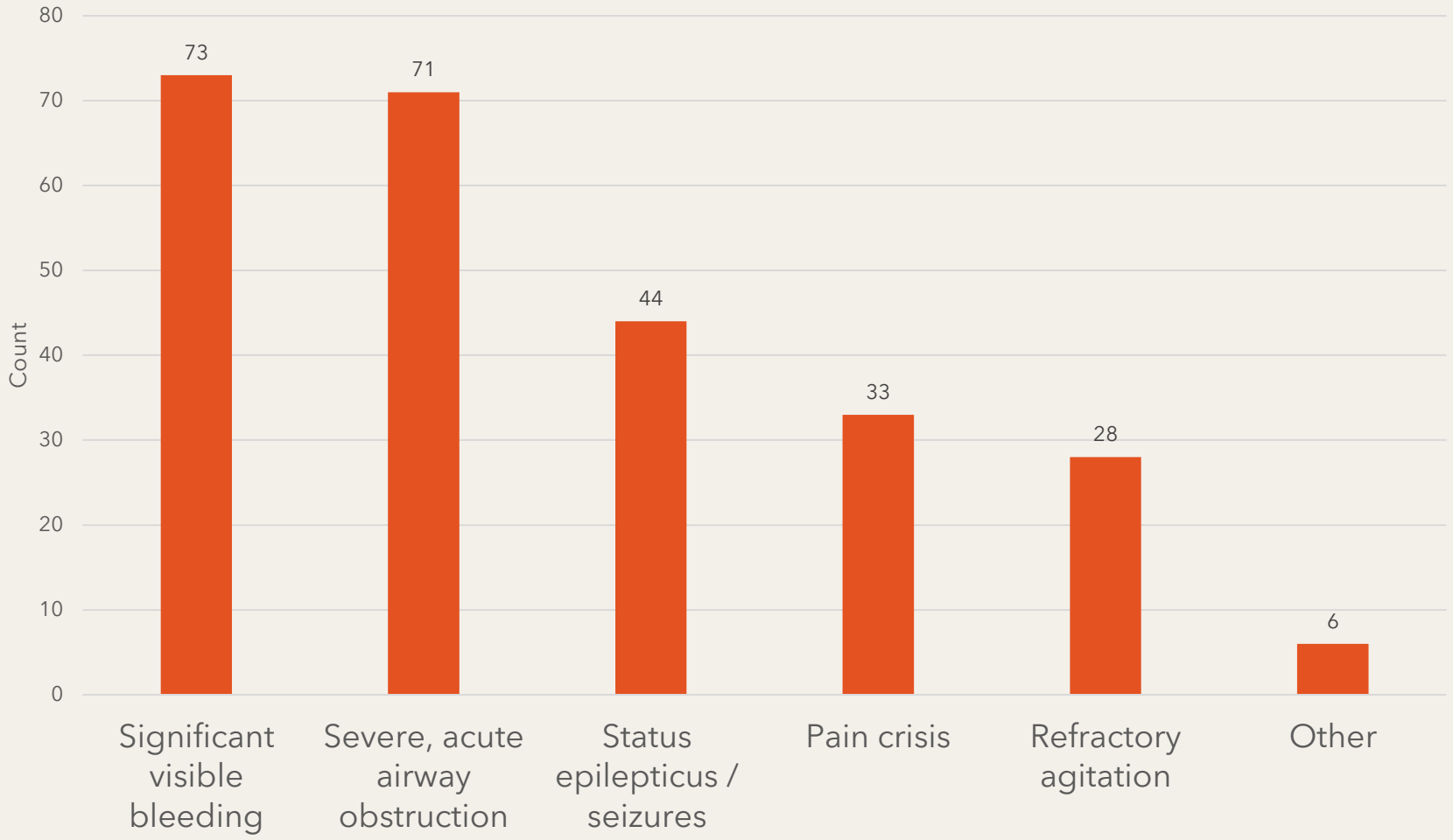

Figure 1: Count of nursing staff identifying specific conditions as catastrophic events in palliative care (n=74)

Perceptions of catastrophic medication orders

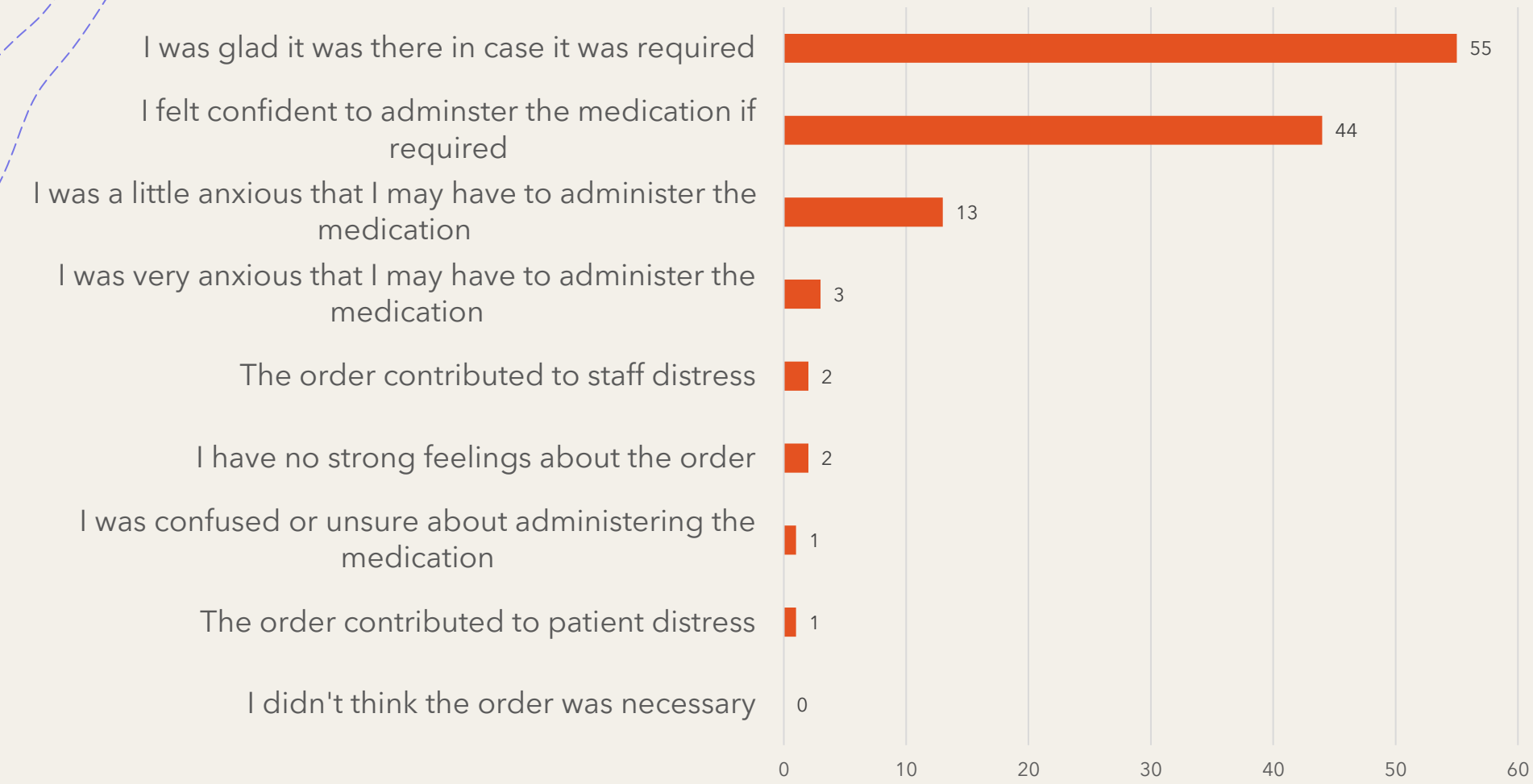

Figure 2: Feelings of nursing staff about the catastrophic medication order

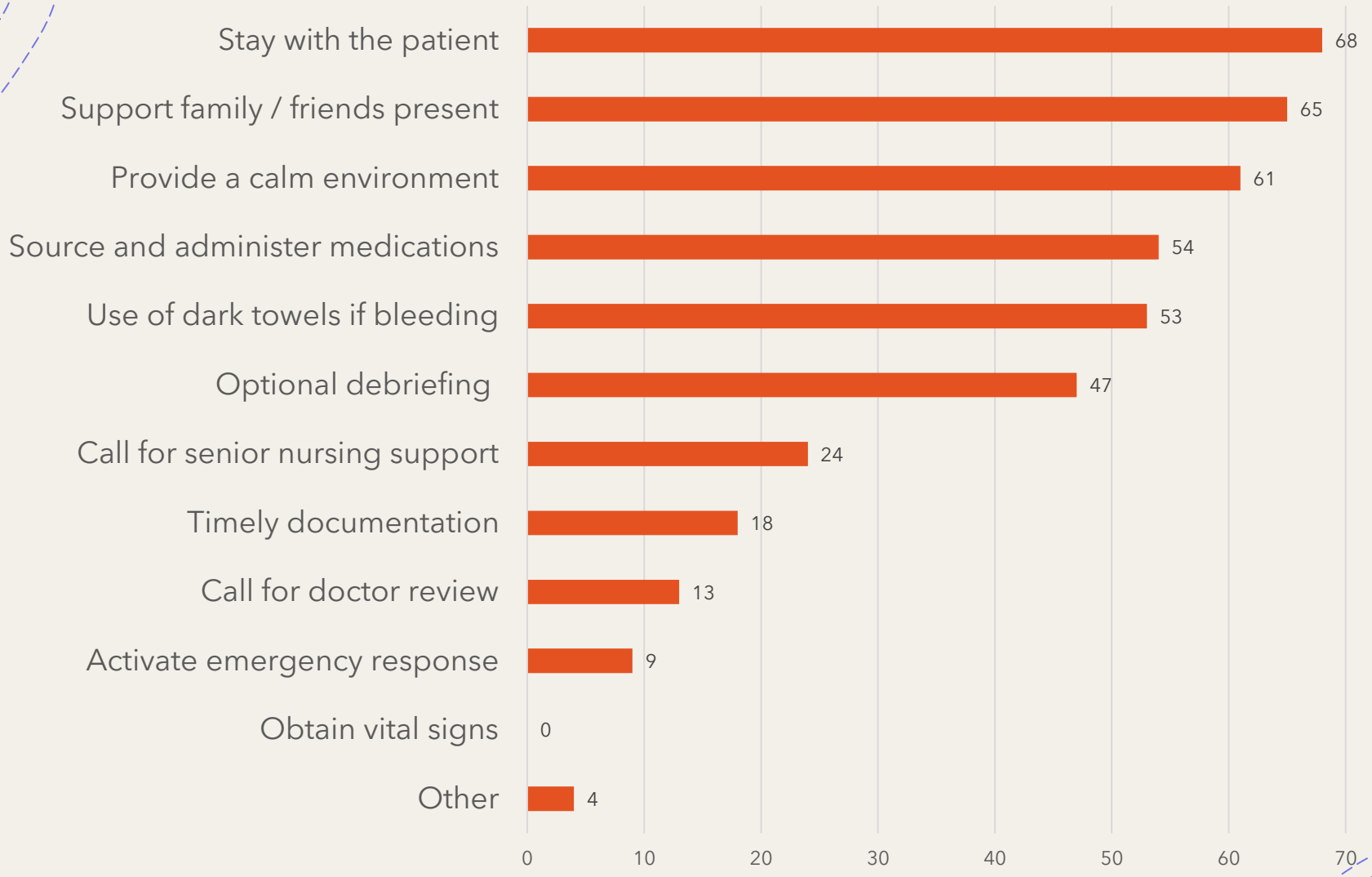

Figure 3: The most important aspects of catastrophic event management according to nurses (n=70)

First hand experience of catastrophic events and medication orders

+41respondents had observed or administered a catastrophic or crisis medication order at least once

+PCU nurses 17, community palliative care nurses 11, CL nurses 6, ward 5, other 2

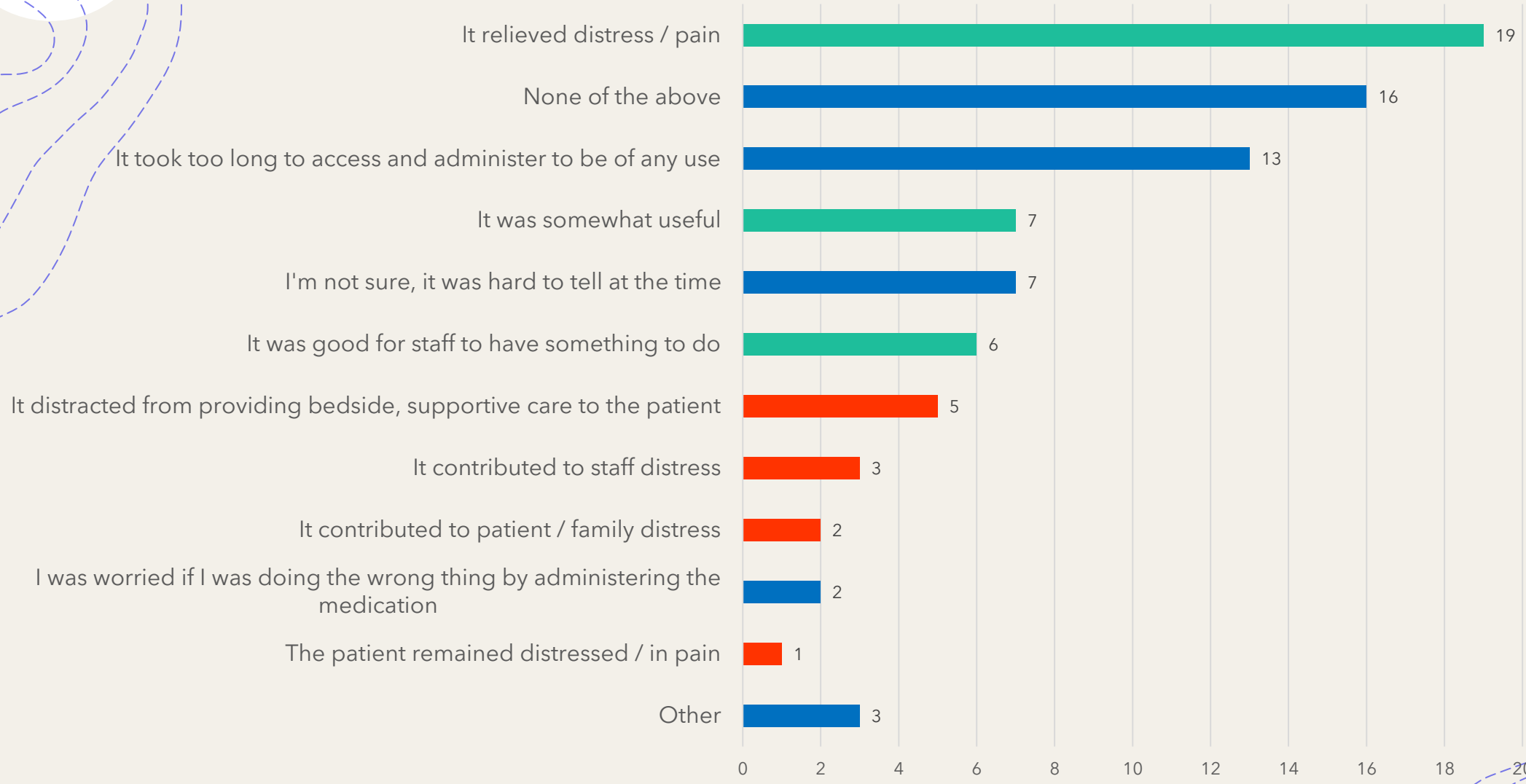

Figure 5: The reported effects of the catastrophic / crisis medication according to nurses present (n=40) (green = benefit, blue = neutral, red = negative effect)

- Generally, nursing staff were supported by other nursing staff when administering catastrophic or crisis medication (with nursing staff alone n=27/40, 68%; with nursing and medical staff n=10/40, 25%)
- Three staff managed the patient on their own (8%)
- The most beneficial intervention after having administered a catastrophic or crisis medication order was informal discussion / debrief with peers or colleagues (n=17/37, 46%), whilst feeling like there was sufficient preparation for the event was also identified as a source of support (n=8/37, 22%)

- Twenty eight respondents reported having cared for a patient at least once whom they felt would have benefited from a catastrophic or crisis medication order, but there was not one prescribed or available (41%)
- A number of respondents reported adverse outcomes as a result of a catastrophic or crisis medication order being prescribed (n=10/69, 15%)

- Planning and management is influenced by a patient's location of care
  - *"the benefit of catastrophic orders in the community would be questionable"*
- There have been conflicting findings in the literature regarding nurses' perception of the utility of catastrophic medication orders. Our results indicated that, overall, nursing staff were comfortable with having the order available, and administering the medication if required
  - *"the potential to reduce and relieve suffering outweighs the risks associated with NOT having these orders in place"*

- Nursing staff identified "*reactive rather than responsive*" care as a source of distress when there is "*no plan put in place – pre-empting is key*"
- A number described having the medications available in close proximity to the patient as an enabler to medication administration
- Simulation training for catastrophic events could be employed to enhance the confidence of nursing staff in managing these events

- It is imperative that nursing staff receive adequate support following these events
- The results of this study indicate that nursing staff find the most useful intervention to be optional debriefing or informal discussion with peers or colleagues following a catastrophic event

"I think it is beneficial - it allows staff and family to feel as though they are preserving patient comfort and alleviating distress. We had a palliative patient with a catastrophic and terminal oral bleed in oral SCC - he was terrified as it was happening. The ability to provide him with morphine and midazolam and ensure he was calm and sedated was beneficial for him, family present at the bedside and staff."

+Thank you to Palliative Care Nurses Australia for their assistance with survey distribution, and to the nursing staff who completed the survey

References

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+ 3. McGrath P, Leahy M. Catastrophic bleeds during end-of-life care in haematology: controversies from Australian research. Support Care Cancer. 2009;17(5):527-37