

Introduction

A paragraph was added describing primary, secondary and tertiary levels of Palliative Care.

More information containing the similarities and differences between Palliative Care and Hospice was added.

A paragraph describing the disease progression of cancer, heart and lung failure, and dementia was added; also graphs depicting the trajectory.

Clinical Highlights, Algorithm and Annotations

A Clinical Highlight was added: Hospice is a form of palliative care. However, unlike hospice, palliative care is not limited by the clinical or reimbursement perspective.

- 4) 'Establish goals of care' was added to the algorithm box and to the annotation. More information regarding Palliative Care for pediatric patients was added to that section.
- *5) To the annotation 'Physical Aspects of Care', more information about opioid therapy including methadone was added.
A subsection was added on Palliative Sedation Therapy.
Verbiage about Methylnaltrexone was added to the subsection on constipation.
Subsections on GERD, Hypodermoclysis and Malignant Ascites and Pleural Effusions was added.
- 6) A paragraph was added containing verbiage to use when discussing goals of care or a patient's end of life wishes with the patient and family.
- 8) A paragraph was added to the section regarding care conferences supporting the need for them when families are faced with decisions about withdrawing life support from their loved ones.
- 10) New information was added regarding medical futility.
More verbiage was added regarding advance care planning.

Appendices:

Appendix C was added that contains information about Hospice criteria for enrollment and Hospice treatment. This was removed from annotations #13 and #15.

Annotated Bibliography:

A new section was added with annotated bibliographies of disease-specific literature.

New Literature:

Cerchiette, 2002. Effect of topical morphine for mucositis-associated pain following concomitant chemoradiotherapy for head and neck carcinoma.

Diekema, 2009. Clinical Report—Foregoing medically provided nutrition and hydration in children.

Fleming, 2009. Indwelling catheters for the management of refractory malignant ascites: a systematic literature overview and retrospective chart review.

Goodin, 2009. Palliative care in congestive heart failure

Gries, 2008. Family member satisfaction with end-of-life decision making in the ICU.

Kamal, 2009. Fast facts and concepts #220: Hypodermoclysis.

Knapp, 2009. Research in Pediatric Palliative Care; closing the gap between what is and is not known.

Krantz, 2009. QTc interval screening in methadone treatment.

Levy, 2008. Improving end-of-life outcomes in nursing homes by targeting residents at high-risk of mortality for palliative care: program description and evaluation.

Maltoni, 2009. Palliative sedation therapy does not hasten death: results from a prospective multicenter study.

Monsky, 2009. Peritoneal and pleural ports for management of refractory ascites and pleural effusions: assessment of impact on patient quality of life and hospice/home nursing care.

Morrison, 2008. Cost savings associated with U.S. hospital palliative care consultation programs.

National Consensus Project, 2009. Clinical Practice Guidelines for Quality Palliative Care.

Pearson, 2005. QT prolongation and torsades de pointes among methadone users: reports to the FDA spontaneous reporting system.

Remington, 2007. Hypodermoclysis to treat dehydration: a review of the evidence.

Sasson, 2001. Hypodermoclysis: an alternative infusion technique.

Schneiderman, 2003. Effect of ethics consultations on nonbeneficial life-sustaining treatments in the intensive care setting: a randomized controlled trial.

Schwartz, 2002. Early intervention in planning end-of-life care with ambulatory geriatric patients: results of a pilot trial.

Smith, 2009. Palliative care for Latino patients and their families: whenever we prayed, she wept.

Thomas, 2008. Methylnaltrexone for opioid-induced constipation in advanced illness.

Wood, 2007. Management of intractable nausea and vomiting in patients at the end of life: "I was feeling nauseous all of the time....nothing was working".

Zier, 2009. Surrogate decision makers' response to physicians' predictions of medical futility.