

Open Access

Abstract

Published 09/05/2024

Copyright

© Copyright 2024

Gallone et al. This is an open access abstract distributed under the terms of the Creative Commons Attribution License CC-BY 4.0., which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Distributed under

Creative Commons CC-BY 4.0

Francesca Gallone ¹, Laura Fioraneli ², Sandro Ortolani ³, Gina Dragano ⁴, Alessia Giambartolomei ⁵, Pasquale Palumbo ⁶, Giordano Cotichelli ⁷, Fabio Romagnoli ⁸

1. Nursing Degree School, Tutor and teacher, Università Politecnica delle Marche, Ancona, ITA 2. Palliative Care, Casa di Cura Villa dei Pini, Civitanova Marche, ITA 3. Nurse Degree School Director, Università Politecnica delle Marche, Ancona, ITA 4. U.O.C. Clinica Medica e Geriatrica- U.O.S.D. Patologia Geriatrica Oncologica, Head Nurse, INRCA, Ancona, ITA 5. Tutor didattico, Università Politecnica delle Marche CDL in infermieristica, Ancona, ITA 6. Nurse Degree School, tutor, Università Politecnica delle Marche, Ancona, ITA 7. Nurse Degree School, Tutor and professor, Università Politecnica delle Marche, Ancona, ITA 8. U.O.C. Clinica Medica e Geriatrica, Nurse, INRCA, Ancona, ITA

Corresponding author: Francesca Gallone, francesca.gallone@staff.univpm.it

Categories: Pain Management

Keywords: home palliative care, nurse pain management

How to cite this abstract

Gallone F, Fioraneli L, Ortolani S, et al. (September 05, 2024) Nurse and pain in home palliative care: narrative review of the literature. *Cureus* 16(9): a1322

Abstract

INTRODUCTION: More than half of patients with advanced progressive diseases nearing the end-of-life report pain: Pain relief for these patients is often poorer at home than in other care settings such as hospice settings. The Decree of the President of the Council of Ministers of January 2017 (definition and updating of the essential levels of assistance) has completed the framework of main regulatory provisions regarding palliative care. The Home Palliative Care Units ensure the unity and integration of treatment paths with a reference care team that focuses on the path and not on the care setting. The home nurse is part of this delicate process.

AIM: Identify the nurse skills necessary for the approach to pain in palliative care in the home setting.

METHODS: Literature narrative review on PubMed, Cochrane, CINAHL and EMBASE. The review was based on the steps and processes reported in the PRISMA standards for systematic reviews. The authors followed these steps: selection of the guiding question; definition of eligibility criteria; definition of relevant information deriving from studies; evaluation of results; interpretation; summary of the information found. Limits: review, last ten years, human > 18 y/o. After this, due to the lack of results in finding, studies of lesser reliability were also included (like clinical trial and case report). Articles older than 10 years worthy of interest have been selected. 57 articles were identified, of which 9 were excluded for not meeting the pre-established inclusion criteria and another 13 studies were excluded after full reading. Therefore, 35 articles were included in the final sample of this review.

RESULTS: Patients approaching the end-of-life experience substantially feel better pain relief when they receive specialized palliative care from trained nursing staff. A 2013 systematic review found evidence of small but statistically significant beneficial effects of home palliative care services compared to usual care on reducing patient symptom burden. From a 2019 cohort study, the importance of mediation by home healthcare personnel emerges, through pharmacological and non-pharmacological interventions, such as physical therapy, procedures and aids for pain management. From a qualitative study emerges the need for the nurse to understand the models of pain management and stoicism towards it. Guided follow-up phone calls, combined with WeChat, significantly reduced opioid-related health problems, such as pain intensity, in a quasi-experimental study.

CONCLUSION: Home-based palliative care increases the chance of dying at home and reduces burden of symptoms, especially for cancer patients, without affecting the caregiver. Changes in the healthcare system may limit the abilities of home health nurses to provide care consistent with the principles and philosophies of palliative care. Nurses notice pain by observing pain indicators during visits and evaluating factors such as the cause of the pain, the effect of analgesics, and the effects on daily life. Based on these estimates, they provide care independently, adjust with doctors, and develop plans to alleviate pain. The implementation of specific training courses is needed.