Pain and Palliative Care in the Neonatal Intensive Care Unit: Case Studies in Collaboration

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Disclosures

I have no disclosures

Objectives

* Using a case study model
  - Describe 3 infants cared for in the NICU
  - Describe the consulting role of pain/palliative care
  - Demonstrate collaboration with the health care team in the NICU
  - Discuss ideas for pain/palliative care staff to build relationships and collaborate with physicians, nurses, psychosocial staff and families
**Background**

**About the Organization**
- 385 staffed beds at 2 hospitals (MPLS and STP)
- 4 medical surgical units, oncology, neurosurgery and epilepsy, 2 short stay and same day surgery units, 2 NICU’s with NBN, level 2 and level 3 acuity, 1 cardiac intensive care unit, 2 PICU’s
- 2014: inpt admissions 14,500, surgeries 14,300

**About the Pain, Palliative Care & Integrative Medicine Program**
- 3 MD’s, 4 APRN’s, 2 medical fellows – Pain/Palliative Care
- 3 APRN’s – Integrative Medicine

**Background**

**About the Consultation Service**
- Formal inpatient consultation as written orders for pain and/or palliative care
- Pain policy states that anyone can consult the pain team, (physician, nurse, family….) “Pain and palliative care team will collaborate with pts, family and health care team to minimize pain and maximize comfort.”
- Informal consultation (eg. by nurses)

**Case Study 1**

Male infant, 35 wks gestation with occlusive thrombus in axillary artery extending into brachial artery. Infant has severe tissue destruction requiring significant dressing changes.
Case Study 2

Male infant, 27 wks gestation, significant intrauterine growth restriction noted on fetal ultrasound. Infant has severe chronic lung disease requiring prolonged use of high frequency oscillating ventilator.

Case Study 3

Male infant, 28 wks gestation, with Pierre Robin sequence & severe chronic lung disease. Infant requires persistent use of high frequency oscillating ventilator with little response to steroids or diuretics.

Collaboration

Working with others to do a task and achieve shared goals
Consultation

* Goal: Improve patient outcomes, enhance problem solving, educate

Consultee
Level of concern about problem
Time Constraints
Free to accept or reject advice

Consultant
Specialty
Interpersonal Skills, Knowledge of systems

Consultation requires Relationship Building

* What barriers have you faced in collaborating with other departments/disciplines?
* What have you done to build relationships with others who may consult you in the future?
* What ideas do you have to build the breadth of your consultation service?

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