

Clinical Tract

Group Case Studies

Palliative Care

CASE STUDY 1

Elizabeth is 30 years old with HIV infection and a CD₄ count of 5. She was advised by the hospital where she usually goes for treatment that there was nothing that they could do to reverse her condition.

She weighs 36kg and eats poorly due to mouth pain. She has multiple Kaposi's sarcoma lesions on her palate. She spends most of the day in bed or a chair due to weakness.

She uses paracetamol and ibuprofen regularly, but still experiences significant mouth pain.

Her only family is an aged grandmother with whom she lives and who cares for her.

Questions

1. What advice can be given to Elizabeth and her grandmother to help reduce her mouth pain?
2. How would you go about initiating morphine as an analgesic in this patient?
3. Two weeks later, Elizabeth is unable to swallow at all. She is confined to bed and indicates pain in her mouth and throat. How should her medication be adjusted?

CASE STUDY 2

Norman is a 27-year-old patient with HIV infection. He is brought to your hospital/clinic in a wheelchair accompanied by his mother. He says he is unable to stand or walk at all for the past few weeks due to pain in his feet.

He has been using two Myprodol® capsules (each capsule contains paracetamol 500mg, ibuprofen 200mg + codeine 10mg) 3x daily. The Myprodol helps only a little.

His mother, with whom he lives, is the only caregiver and she works during the day.

On examination, Norman is wasted, his feet appear normal and there are no acute problems.

Questions

1. What is the likely cause of Norman's foot pain?
2. What could cause or aggravate this condition?
3. Discuss the medical management of Norman's painful feet.

CASE STUDY 3

James, 48 years, has hypertension and HIV infection. He was referred for palliative home based care after mycobacterium avium complex infection (MAC) was diagnosed on a bone marrow biopsy. It was decided not to treat the MAC infection with any antibiotics.

He was discharged on paracetamol 1 gram 6 hourly, slow release morphine tablets 30mg 12 hourly, co-trimoxazole 2 tablets daily and hydrochlorothiazide (HCTZ) 25mg daily.

On discharge, he was alert and orientated, although mainly confined to bed due to weakness.

Since yesterday, he has become disorientated and restless and keeps trying to get out of bed. His wife found him lying on the floor during the night and had to call her son to help him back into bed.

Questions

1. What are some of the frequent causes of delirium in a terminally ill patient like James.
2. What measures can be implemented to manage the situation?
3. What medication can be used to control his restlessness?

CASE STUDY 4

Emily lives with her younger sister in Johannesburg. They both left their home in the Northern Province five years ago to seek employment in Johannesburg. Emily's husband left her a year ago. She has no children. The rest of her family all stay in the Northern Province and she sees them only in December when she takes two weeks leave. She works five days a week as a domestic worker.

Emily's sister has AIDS and was referred for home-based care by the local hospital. Her condition is deteriorating by the week.

Emily presents at her local clinic complaining of chronic tiredness. She says she is very fearful about her sister dying.

1. What factors in Emily's situation could make her bereavement especially difficult?
2. What steps can the health care worker take to assist Emily in this process of loss? (Remember the multidisciplinary team)

