Palliative care support of a patient with metastatic breast cancer

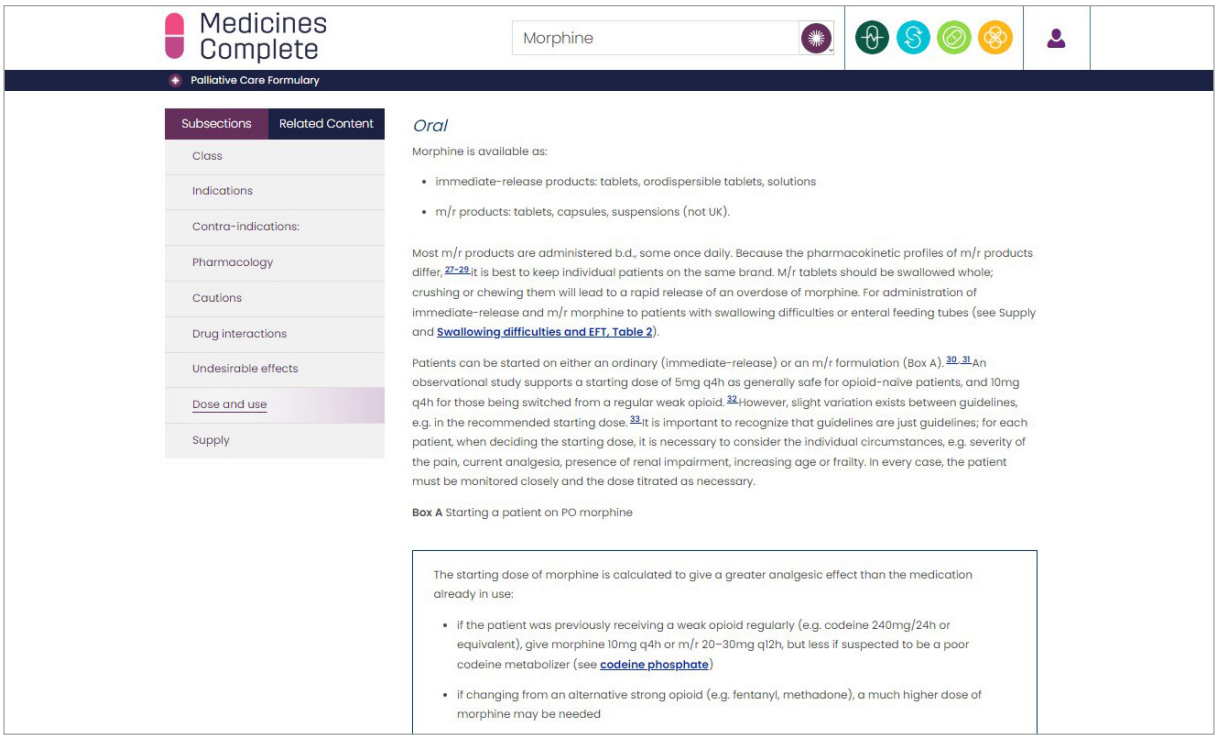
Accessing palliative care treatment guidance to manage the symptoms and common side effects of a patient with metastatic breast cancer.

Palliative Care support of a patient with metastatic breast cancer

Using essential knowledge at the point of care

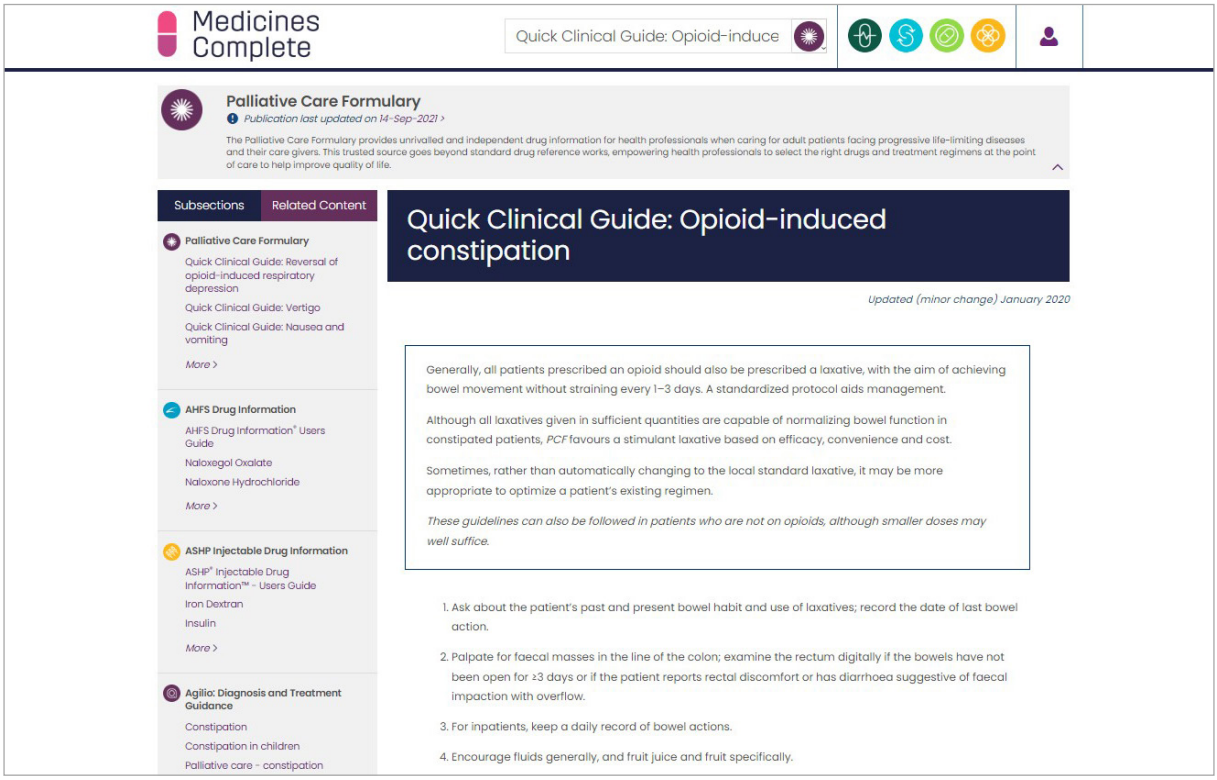
Joan Kirkman, a 68-year-old patient with breast cancer, attends the oncology clinic at her local hospital. Unfortunately, her breast cancer has progressed to Stage 4 with bone metastases and she is referred to the palliative care team for further care.

At her appointment, Joan explains that she is currently experiencing severe pain that is not controlled by regular non-opioid analgesics. Her oncology registrar wants to start oral morphine and consults the Morphine monograph for guidance on an appropriate starting dose and advice on titration.

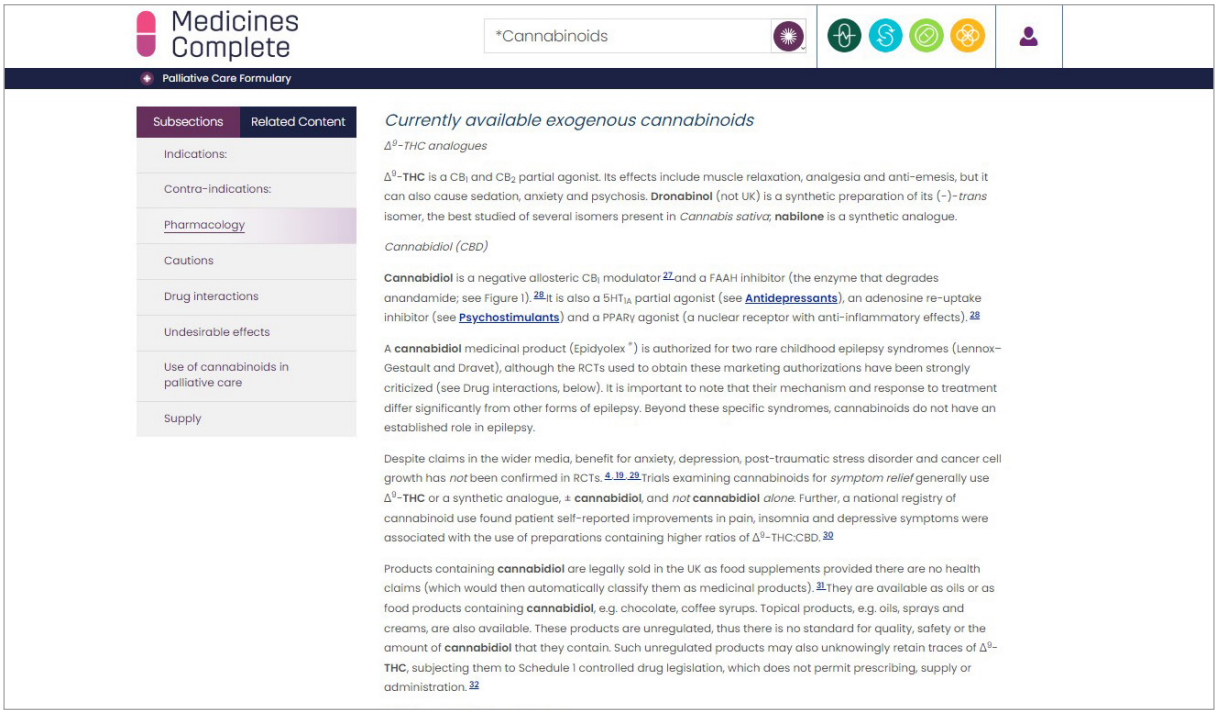


Community review

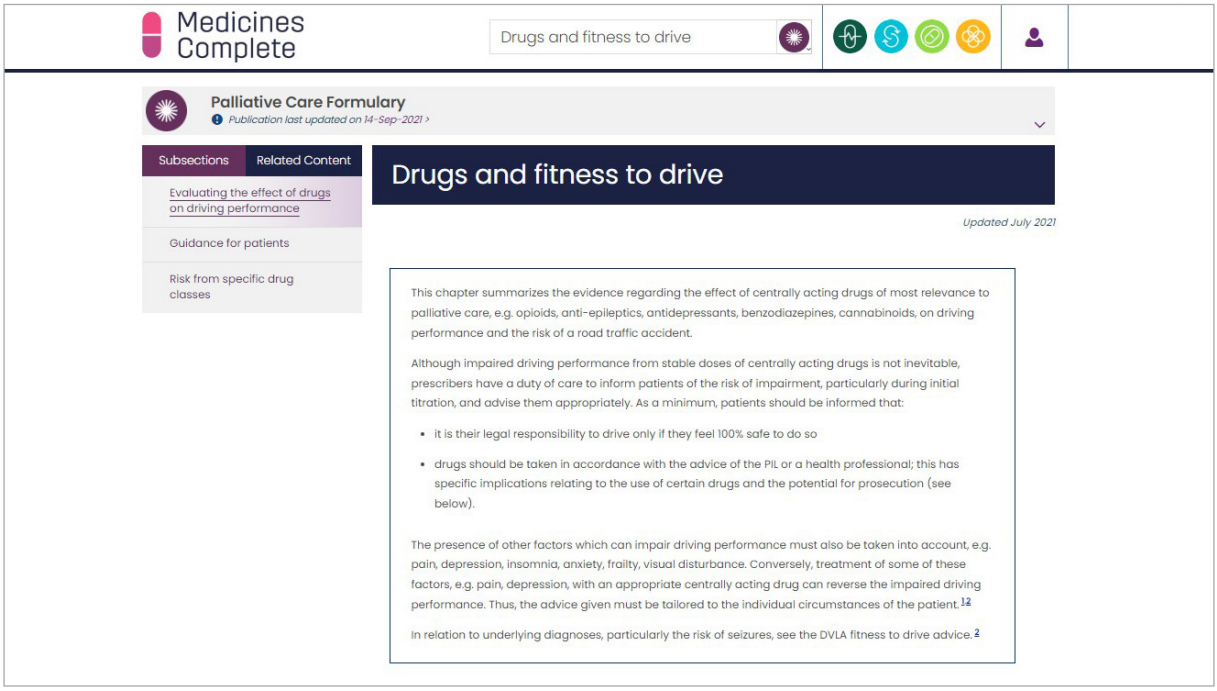
A week later, Joan visits her GP to request a continuation of her morphine supply. She is constipated despite taking senna at night. To find out what further course of action is recommended, her GP accesses the **Quick Clinical Guide: Opioid-induced constipation**.



Joan asks her GP about using cannabis products as they have been in the press recently. The GP refreshes their knowledge on the evidence for the use of cannabinoids in palliative care from the **Cannabinoids monograph** and answers Joan's questions.

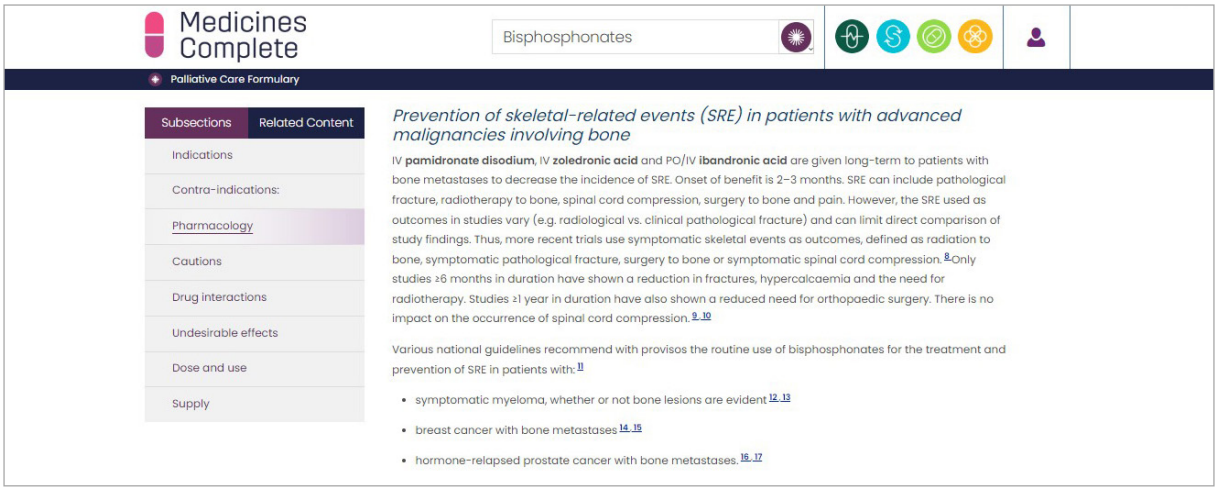


Joan goes to her community pharmacy to pick up her new prescription. She asks whether she can drive whilst taking morphine, now that her pain is controlled, and she is feeling better. Her pharmacist accesses the information and recommendations in the topic **Drugs and fitness to drive**.

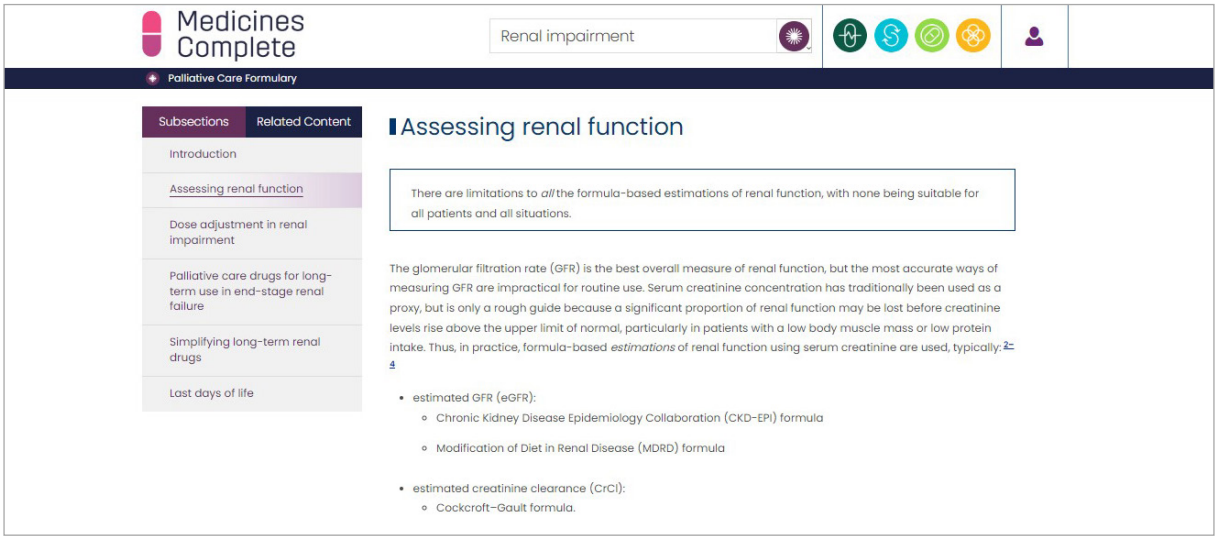


Specialist palliative care clinic review

Two weeks later Joan attends a hospice day centre for a review with a specialist palliative care clinician. The clinician wants to start a bisphosphonate for the prevention of skeletal-related events and consults the **Bisphosphonates monograph** for guidance on dose and use.

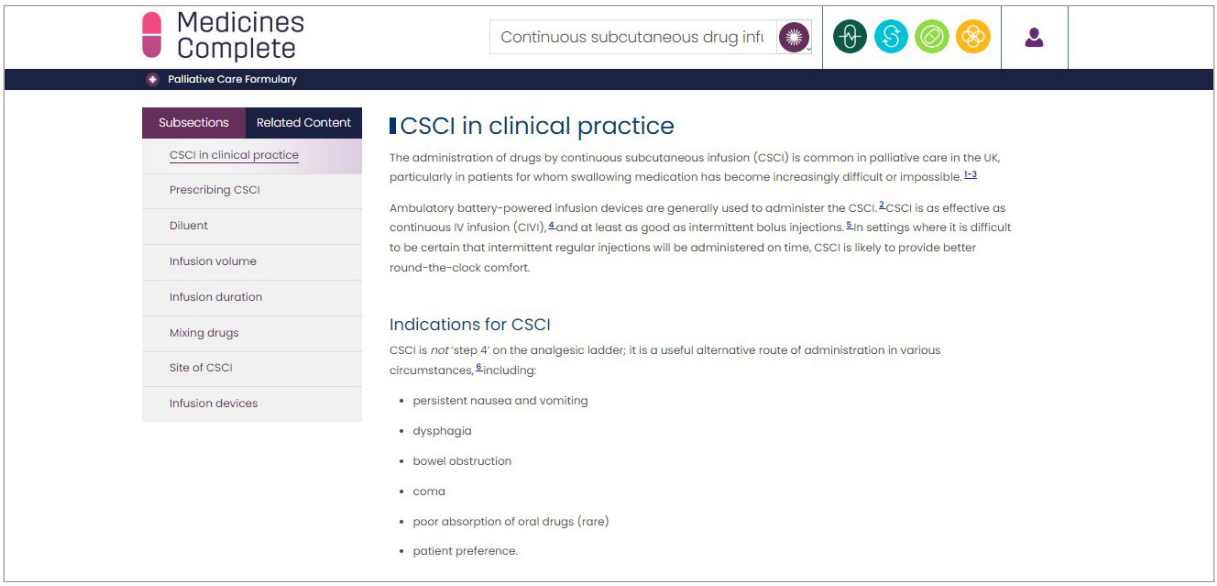


Upon checking her renal function as part of the baseline assessments, the clinician notices that her plasma creatinine is significantly higher than the normal range. The clinician uses the information under the **Renal impairment topic** to assess the degree of impairment and understand how this may impact on the choice of medications that Joan is currently taking.

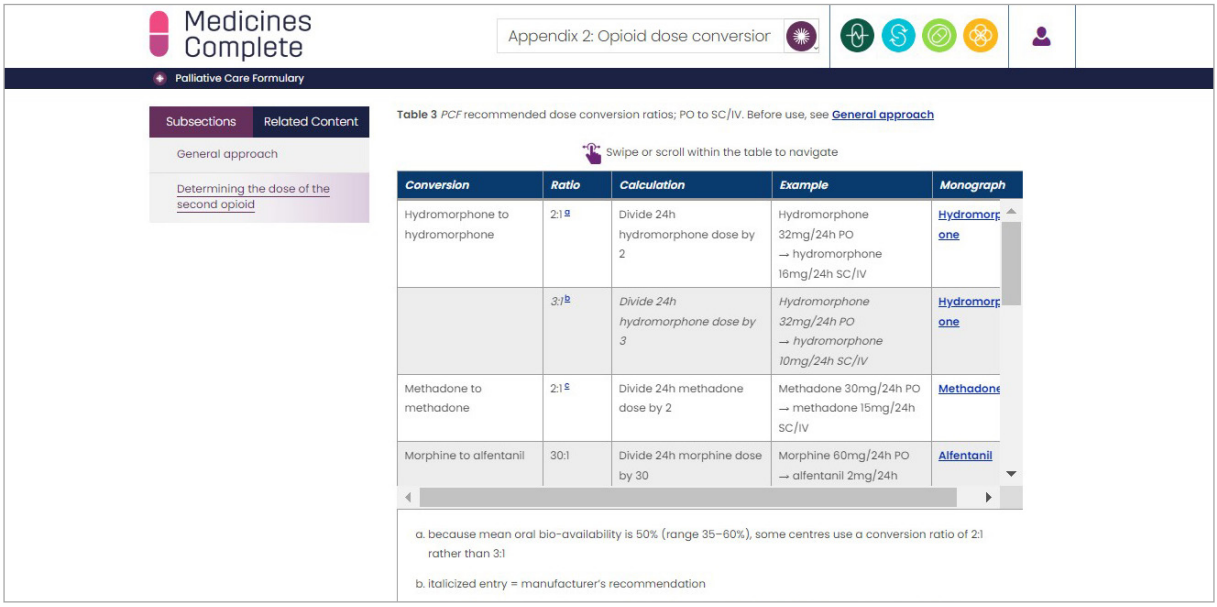


General hospital admission

Unfortunately several months later, Joan significantly deteriorates and is unable to swallow. She is admitted at a weekend to a general hospital ward. The junior doctor asks the on-call pharmacist for advice on administering medications via continuous subcutaneous infusion (CSCI).They discuss administration details, including diluent, infusion volumes and prescribing rescue medication, using the information from the **Continuous subcutaneous infusions topic**.

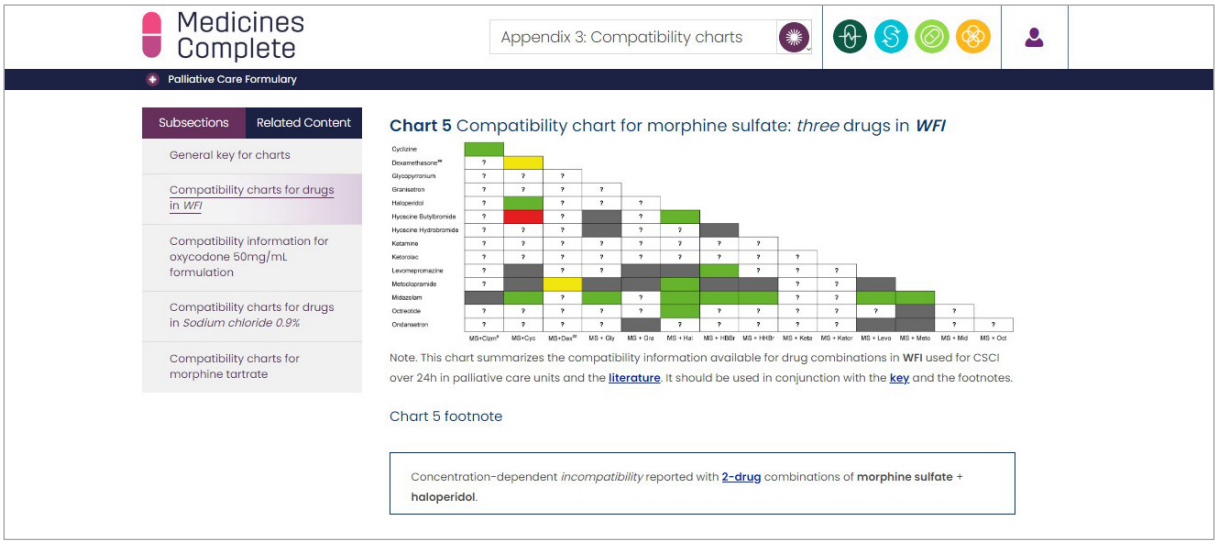


The pharmacist checks the recommended opioid conversion ratio from an oral dose of morphine to a CSCI of morphine contained in **Appendix 2: Opioid conversion ratios**.



Community review

A few days later Joan is discharged home. A district nurse arrives to prepare the next CSCI and the GP also visits her before the weekend. The district nurse is unfamiliar with mixing the drugs prescribed for CSCI in the same infusion and checks compatibility using **Appendix 3: Compatibility charts**.



Joan is anxious and agitated and the GP decides to prescribe 'as needed' medication in anticipation of symptoms over the weekend to ensure rapid symptom relief. The GP consults the information in the **Prescribing in palliative care topic** to guide the most appropriate care for Joan at the end of her life.