What's New

# 225 The Family Meeting: Causes of Conflict
This Fast Fact explores understanding the causes of conflict and how to plan an effective strategy to move beyond the conflict to meet the needs of the patient and surrogates.

# 224 Responding to Emotion in Family Meetings
This Fast Fact provides a detailed approach to emotions that arise during family meetings.

Check a box to limit results
Fast Facts
- Communication
- Ethics, Law, Policy, Health Systems
- Non-Pain Symptoms and Syndromes
- Pain - Evaluation
- Prognosis
- Psychosocial and Spiritual Experience: Patients, Families, and Disease Categories
- Cancer
- Cardiac diseases and heart failure
- Chronic pulmonary diseases
- Dementia
- Gastrointestinal Diseases
- ICU
- Other
- Other neurologic disorders
- Psychiatric disorders
- Renal diseases and dialysis
Clinicians

Fast Facts

# 001 Diagnosis and Treatment of Terminal Delirium, 2nd ed
This Fast Fact reviews assessment and management issues in terminal delirium.

# 002 Converting to/from Transdermal Fentanyl, 2nd ed
Quick—what dose of the transdermal fentanyl patch (DuragesicTM) is equipotent to a 3 mg/hr morphine continuous infusion? Conversions to and from fentanyl transdermal are notoriously tricky, requiring knowledge of the published conversion data, general opioid pharmacology, and a generous dose of common sense. See also Fast Fact #36 on opioid dose conversions.

# 003 Syndrome of Imminent Death, 2nd ed
This trajectory is often referred to as “actively dying” or “imminent death”. Prompt recognition of this trajectory is key for clinicians to provide the most appropriate interventions for both the patient and family.

# 004 Death Pronouncement in the Hospital, 2nd ed
This Fast Fact reviews key steps in the death pronouncement and notification process.

# 005 The Causes of Nausea and Vomiting (V.O.M.I.T.), 2nd ed
An easy way to remember the causes of vomiting is the VOMIT acronym. In the table below receptors involved in different types of nausea are highlighted using this acronym. Blockade of these receptors allows rational, focused therapy.

# 006 Delivering Bad News—Part 1, 2nd ed
Case Scenario: You are caring for a previously healthy 52 year old man with a new problem of abdominal pain. After conservative treatments fail, a diagnostic abdominal CT scan is done showing a focal mass with ulceration in the body of the stomach and numerous (more than 10) densities in the liver compatible with liver metastases. The radiologist feels that the findings are absolutely typical of metastatic stomach cancer. How do you prepare to discuss these test results with the patient?

# 007 Depression in Advanced Cancer, 2nd ed
Endicott has proposed substituting somatic criteria with affective criteria when evaluating depression in advanced cancer patients:

# 008 Morphine and Hastened Death, 2nd ed
Question: What is the distinction between the use of morphine at the end of life to control symptoms and euthanasia/assisted suicide?

# 009 Hospice & Palliative Medicine Recertification Exam, 2nd ed

# 010 Tube Feed or Not Tube Feed?, 2nd ed
The Fast Fact reviews data on the use of tube feeding in advanced illness.

# 011 Delivering Bad News—Part 2, 2nd ed
Residents often feel strong emotions when they have to give bad news to a patient. As a preceptor, you will want to support the resident. Key teaching points:

# 012 Myths About Advance Directives, 2nd ed
There are two general types of advance directives:

# 013 Determining Prognosis in Advanced Cancer, 2nd ed
How long do I have, Doc?

# 014 Palliative Chemotherapy, 2nd ed
One often hears the term palliative chemotherapy, but what exactly does it mean and how can a non-oncologist decide if it has potential value?

**# 015 Constipation, 2nd ed**
Four major components affect the production of a normal BM: solid waste, water, motility and lubrication.

**# 016 Moderating an End-of-Life Family Conference, 2nd ed**
Learning the process steps of a Family Conference are an important skill for physicians, nurses and others who are in a position to help patients and families reach consensus on end-of-life planning.

**# 017 Patient-Centered Interviewing, 2nd ed**
Patient-centered Interviewing - You can assess a patient’s illness experience by asking about 4 dimensions—Feelings, Ideas, Function and Expectations. The acronym FIFE can be a helpful reminder.

**# 018 Short-Acting Oral Opioid Dosing Intervals, 2nd ed**
Understanding the pharmacological rational for dosing intervals is key to proper prescribing and patient counseling.

**# 019 Taking A Spiritual History, 2nd ed**
Taking a spiritual history is one way to support the patient in this exploration.

**# 020 Opioid Dose Escalation, 2nd ed**
A common question from trainees is how fast, and by how much, can opioids be safely dose escalated?

**# 021 Hope and Truth Telling, 2nd ed**
This Fast Fact discusses the difficult balance between maintaining hope and truth telling, especially as it applies to giving bad news.

**# 022 Writing a Condolence Letter, 2nd ed**
One of the most meaningful acts of kindness you can do for a mourner is to write a letter of condolence.

**# 023 Discussing DNR Orders-Part 1, 2nd ed**
'Code status’ discussions with seriously ill patients should always take place in the context of the larger goals of care, using a step-wise approach. This Fast Fact introduces an approach to having these discussions.

**# 024 Discussing DNR Orders-Part 2, 2nd ed**
The basic steps in the DNR discussion for seriously ill hospitalized patients were described in Fast Fact # 23. If you have followed those steps, what do you do if the patient or family/surrogate continues to want CPR and you think it is not in the patient's best interest?

**# 025 Opioids and Nausea, 2nd ed**
Why do patients get nauseated and vomit after receiving an opioid?

**# 026 The Explanatory Model, 2nd ed**
Have you ever had this experience – you are talking with a patient about some care option and you just cannot come to an agreement?

**# 027 Dyspnea at End of Life, 2nd ed**
This Fast Fact reviews key elements in the assessment and treatment of dyspnea near the end-of-life.
**# 028 Subcutaneous Opioid Infusions, 2nd ed**
As death nears, the burden of maintaining intravenous (IV) access, especially in the home setting, can be enormous.

**# 029 Responding to Patient Emotion, 2nd ed**
Here are eight tasks that guide you in responding to patient emotion:

**# 030 Prognostication, 2nd ed**
Physicians tend to be overly optimistic when dealing with prognosis

**# 031 Confronting Personal Mortality, 2nd ed**
Confronting our own mortality

**# 032 Grief and Bereavement, 2nd ed**
This Fast Fact provides an overview of grief and bereavement.

**# 033 Ventilator Withdrawal Protocol, 2nd ed**
This is the first part of a three-part series on withdrawing ventilators in patients expected to die

**# 034 Symptom Control for Ventilator Withdrawal in the Dying Patient, 2nd ed**
This is the second of a three-part series: Symptom Control for Ventilator Withdrawal in the Dying Patient

**# 035 Information for Patients and Families About Ventilator Withdrawal, 2nd ed**
This is Part 3 of a three-part series on withdrawing ventilator withdrawal.

**# 036 Calculating Opioid Dose Conversions, 2nd ed**
Listed below are methods for common conversions using standard published conversion ratios.

**# 037 Pruritus, 2nd ed**
Pruritus (itching) is a common and often distressing symptom near the end of life.

**# 038 Discussing Hospice, 2nd ed**
Hospice discussions with seriously ill patients should always take place in the context of the larger goals of care, using a step-wise approach.

**# 039 Using Naloxone, 2nd ed**
Naloxone (Narcan®), a semisynthetic opioid antagonist, is indicated for the complete or partial reversal of life-threatening CNS/respiratory depression induced by opioids.

**# 040 Pressure Ulcer Management: Prevention (Part 1), 2nd ed**
This Fast Fact discusses the staging and prevention of pressure ulcers

**# 041 Pressure Ulcer Management: Debridement & Dressings (Part 2), 2nd ed**
This Fast Fact discusses the management, staging and prevention of pressure ulcers.

**# 042 Broaching the Topic of a Palliative Care Consultation with Patients and Families, 2nd ed**
This Fast Fact provides tips for beginning a discussion leading to a visit by a palliative care consultation team.

**# 043 Is It Grief of Depression?, 2nd ed**
This Fast Fact will review the definitions and clinical features that distinguish these conditions

**# 044 Changing the Status Quo-Quality Improvement, 2nd ed**
How do you change the status quo? What can you do when the system of care does not support best practice?
# 045 Medical Management of Bowel Obstruction, 2nd ed
Malignant bowel obstruction is a common oncologic complication; most common in ovarian and colon cancer.

# 046 Malignant Wounds, 2nd ed
Few things can worsen a patient’s quality of life greater than an oozing, odorous, painful, and bleeding malignant skin wound.

# 047 What Do I Tell The Children, 2nd ed
A common question asked by dying adults or their family members is What do I tell the children?

# 048 Coding and Billing for Physician Services in Palliative Care, 2nd ed
Issues of coding and reimbursement are no different for palliative care than for any other medical specialty. That is, physicians code for each patient encounter in two parts: 1) a procedure/service code, and 2) a diagnosis code.

# 049 Gabapentin for Neuropathic Pain, 2nd ed
Gabapentin (Neurontin) is widely used for neuropathic pain.

# 050 Disaster: Coping with Tragedy, 2nd ed
While specific to a certain time and place, these reflections on living, working, and caring for patients in the immediate aftermath of horrific events are timeless.

# 051 Choosing an Oral Opioid Combination Product, 2nd ed
This Fast Fact will review information for rationally choosing among the various products.

# 052 Quality of Life
But what does ‘quality of life’ (QOL) mean, and how should clinicians use this information in decision making?

# 053 Sublingual Morphine, 2nd ed
The advantage of using SL morphine over intermittent IV boluses is a longer duration of action.

# 054 Opioid Infusions in the Imminently Dying Patient, 2nd ed
The following is a step by step approach to rational opioid infusion prescribing in the dying patient, and is most appropriate for morphine or hydromorphone infusions

# 055 Decision Making Capacity, 2nd ed
In contrast, decision making capacity (‘decisionality’) refers to a physician’s determination, based on clinical examination, that a patient is able to make medical decisions for him- or herself.

# 056 What to do When a Patient Refuses Treatment, 2nd ed
A core aspect of American bioethics is that a competent adult patient has a right to refuse treatment, even when the physician believes that the treatment would be beneficial.

# 057 Neuroexcitatory Effects of Opioids: Patient Assessment, 2nd ed
This Fast Fact will discuss risk factors and patient assessment of the neuroexcitatory opioid side effects, particularly myoclonus

# 058 Neuroexcitatory Effects of Opioids: Treatment, 2nd ed
This Fast Fact discusses treatment.

# 059 Dealing with Anger, 2nd ed
A guide to managing these situations is presented below.

# 060 Pharmacologic Management of Delirium; Update on Newer Agents, 2nd ed
Delirium is a common psychiatric disorder in the terminally ill

# 061 Use of Psycho-Stimulants in Palliative Care, 2nd ed
More than 95% of patients experience fatigue near the end of life

# 062 Preventing Neurologic Deficits: Early Diagnosis of Epidural Metastases, 2nd ed
Epidural metastases are very common in patients with advanced cancer.

# 063 The Legal Liability of Under-Treatment of Pain, 2nd ed
It is well recognized that physician’s fear of regulatory scrutiny (DEA, state medical boards), is a major contributor to the problem of under treatment of pain.

# 064 Informing Significant Others of a Patient’s Death, 2nd ed
This Fast Fact reviews the components of a sensitive notification of loved ones when a patient dies.

# 065 Establishing End-of-Life Goals: The Living Will Interview, 2nd ed
Doctor-patient discussions about end-of-life treatment are often framed as a choice between “medical treatment vs. treatment withdrawal.”

# 066 Radiation for Palliation - Part 1, 2nd ed
This Fast Fact describes the physiology and methods of delivering radiation therapy

# 067 Radiation for Palliation - Part 2, 2nd ed
This Fast Fact reviews the common indications for and outcomes of palliative XRT.

# 068 Is it Pain or Addiction?, 2nd ed
A very commonly requested educational topic by physicians, concerning pain, surrounds differentiating the patient in pain vs. the patient with a substance abuse disorder.

# 069 Pseudoaddiction, 2nd ed
Put simply, pseudoaddiction is something that we do to patients, through our fears and misunderstanding of pain, pain treatment, and addiction.

# 070 PRN Range Analgesic Orders, 2nd ed
It is critical that physicians, nurses, and pharmacists share a common understanding of how to properly write, interpret, and carry out PRN range orders.

# 071 Meperidine for Pain: What's all the fuss?, 2nd ed
This Fast Fact discusses the pharmacology of MP and concerns about its use as an analgesic.

# 072 Opioid Infusion Titrations Orders, 2nd ed
This Fast Fact will discuss appropriate ways to write opioid infusion titration orders.

# 073 Amyotrophic Lateral Sclerosis (ALS) Management of Respiratory Failure, 2nd ed
Respiratory failure is the most common cause of death from amyotrophic lateral sclerosis (ALS).

# 074 Oral Opioid Orders - Good and Bad Examples, 2nd ed
This Fast Fact will illustrate poorly written opioid orders and provide preferred alternatives.

# 075 Methadone for the Treatment of Pain, 2nd ed
This Fast Fact will introduce methadone’s pharmacology and clinical use as an analgesic.

# 076 Telephone Notification of Death - Part 1, 2nd ed
This Fast Fact offers some guidelines when telephone notification is unavoidable.

# 077 Telephone Notification of Death - Part 2, 2nd ed
This Fast Fact discusses the dilemma of whether to provide telephone information versus asking family members to first come to hospital before telling them that death has occurred.

# 078 Cultural Aspects of Pain Management, 2nd ed
The meaning and expression of pain are influenced by people’s cultural background.

# 079 Discussing Organ Donation with Families, 2nd ed
The purpose of this Fast Fact is to review the issues surrounding organ, tissue, and cornea donation.

# 080 Controlled Release Oxycondone, 2nd ed
This Fast Fact reviews CRO usage in palliative care.

# 081 Management of Hiccups, 2nd ed
Hiccups (singultus) are distressing to patients and families; when chronic, they diminish quality of life.

# 082 Medicare Hospice Benefit: Part 1 Eligibility and Treatment Plan, 2nd ed
In the United States, the Medicare Hospice Benefit (MHB) pays for 80% of all hospice care.

# 083 Why Patients Do Not Take Their Opioids, 2nd ed
This Fast Fact discusses common reasons that patients do not take prescribed opioids, thus resulting in unnecessary pain and suffering.

# 084 Swallow Studies, Tube Feeding and the Death Spiral, 2nd ed
The reflex by families and doctors to provide nutrition for the patient who cannot swallow is overwhelming.

# 085 Epidural Analgesia, 2nd ed
In palliative care, epidural analgesia may be appropriate for patients with regional pain (e.g. pelvic pain from cervical cancer) and/or patients who do not tolerate or obtain relief from oral/parenteral drugs and non-drug therapies.

# 086 Methadone: Starting Dosing Information, 2nd ed
This Fast Fact will describe strategies for beginning methadone when the patient has not been taking a strong opioid.

# 087 Medicare Hospice Benefit Part II: Places of Care and Funding, 2nd ed
This Fast Fact will review where services are provided and the reimbursement system for hospice care.

# 088 Nightmares, 2nd ed
Nightmares are vivid, frightening dreams that typically lead to full awakening with detailed recollection of the dream sequence and content.

# 089 Pain Management in Nursing Homes: Analgesic Prescribing Tips, 2nd ed
This Fast Fact will review simple strategies for improving pain management outcomes.

# 090 Medicare Hospice Benefit Part III: Special Interventions, 2nd ed
This Fast Fact will discuss the use of interventions in hospice care that can be controversial due to high cost and/or uncertainty whether they constitute ‘palliative’ interventions.

# 091 Interventional Options for Malignant Upper GI Obstruction, 2nd ed
This Fact Fact reviews interventional approaches for upper GI obstructions, especially when further radiation, chemotherapy, medical management, or curative surgical options are longer helpful.

# 092 Patient Controlled Analgesia in Palliative Care, 2nd ed
PCA allows for more immediate relief of incident (breakthrough) pain and can provide patients with a greater sense of personal control over their pain.

**# 093 Cannabinoids in the Treatment of Symptoms in Cancer and AIDS, 2nd ed**
Recent scientific studies of cannabinoids for symptom management have focused on nausea/vomiting and appetite stimulation.

**# 094 Writing Discharge/Outpatient Opioid Prescriptions, 2nd ed**
This Fast Fact will touch on some practical considerations in writing opioid prescriptions.

**# 095 Opioid Withdrawal, 2nd ed**
Physical dependence is a normal and predictable neurophysiological response to regular treatment with opioids for more than 1-2 weeks duration.

**# 096 Diarrhea in Palliative Care, 2nd ed**
Patients with uncontrolled diarrhea are at increased risk for dehydration, electrolyte imbalance, skin breakdown, and fatigue.

**# 097 Blocks of the Sympathetic Axis for Visceral Pain, 2nd ed**
In the palliative care setting, the most common indication for interrupting the sympathetic axis is to control pain arising from malignancies of the abdominal and pelvic viscera.

**# 098 Intrathecal Drug Therapy for Pain, 2nd ed**
Intrathecal drug delivery can be an invaluable adjunct in the management of severe pain when meticulous application of conventional drug therapy proves ineffective or produces intolerable side effects.

**# 099 Chemotherapy: Response and Survival Data, 2nd ed**
The table below synthesizes data for several common cancers.

**# 100 Megestrol Acetate for Cancer Anorexia/Cachexia**
This Fast Fact discusses megestrol acetate, a synthetic progestin, which has been extensively studied as an appetite stimulant.

**# 101 Insomnia: Patient Assessment**
This Fast Fact focuses on the assessment of insomnia; it is the first of a series of three Fast Facts about insomnia.

**# 102 Highly Active Antiretroviral Therapy and Hospice**
The following is a review of HAART benefits/burdens near the end-of-life.

**# 103 Oral Transmucosal Fentanyl Citrate, 2nd ed**
This Fast Fact only discusses OTFC (Actiq).

**# 104 Insomnia: Non-Pharmacologic Treatments**
This Fast Fact addresses non-pharmacologic therapies for insomnia.

**# 105 Insomnia: Pharmacological Therapies**
This Fast Fact focuses on the pharmacological treatment of insomnia.

**# 106 Controlled Sedation for Refractory Suffering - Part I**
This Fast Fact reviews the medical decision-making surrounding these practices.

**# 107 Controlled Sedation for Refractory Suffering - Part II**
This Fast Fact will review sedation techniques.
# 108 Music Therapy
Music therapy uses the properties of music – sounds, rhythm, and personal attachment and universality of songs – for psychosocial and spiritual support and to complement other palliative care treatments.

# 109 Death Rattle and Oral Secretions, 2nd ed
As the level of consciousness decreases in the dying process, patients lose their ability to swallow and clear oral secretions.

# 110 Urine Drug Testing for Opioids and Marijuana
Urine drug testing (UDT) is widely used for testing for opioids and illicit drugs. There are two types of UDT: a screening test and a confirmatory test.

# 111 Cardiac Pacemakers at End-of-Life
This Fast Fact discusses management of cardiac pacemakers at life’s end.

# 112 Implantable Cardioverter-Defibrillators at End-of-Life
However, near the end of life, decisions as to how best to use these devices can be the source of much anguish for patients, families and palliative care/hospice staff.

# 113 Bisphosphonates for Bone Pain
Bisphosphonates are used for the treatment or prophylaxis of cancer-related bone complications, including pain.

# 114 Myoclonus
This Fast Fact discusses its causes, evaluation, and therapy.

# 115 Declaring Brain Death: The Neurologic Criteria
This Fast Fact reviews the details of declaring death based on neurological criteria.

# 116 Radiopharmaceuticals for Painful Osseous Metastases
This Fast Fact reviews bone-seeking radiopharmaceuticals (radionuclides), which occupy a valuable niche in the palliation of painful bone metastases.

# 117 Pediatric Pain Assessment Scales
Research has shown that neonates may experience as much pain as older children and long-term consequences from exposure to repeated painful stimuli.

# 118 Near Death Awareness
Near death awareness (NDA) is a term to describe a dying person’s experiences of the dying process.

# 119 Invasive Treatment Options for Malignant Bowel Obstruction
Invasive treatment options should be considered for all patients except those who are actively dying.

# 120 Physicians and Prayer Requests
The following options attempt to respect the integrity of the physician’s spiritual/religious beliefs and be supportive of the patient’s emotional needs.

# 121 Oral Mucositis: Diagnosis and Assessment
This Fast Fact discusses the diagnosis and assessment of mucositis.

# 122 Palliative Care and ICU Care: Pre-Admission Assessment
This Fast Fact will discuss the pre-ICU-admission assessment of patients with advanced illnesses.

# 123 Palliative Care and ICU Care: Daily ICU Care Plan Checklist
An ICU daily care plan checklist can be used to promote palliative care, simultaneously with curative
or life-prolonging therapies.

**# 124 The Palliative Prognostic Score**
This Fast Fact reviews the Palliative Prognostic Score (PaP).

**# 125 The Palliative Performance Scale (PPS)**
This Fast Fact reviews the Palliative Performance Scale.

**# 126 Pain Assessment in the Cognitively Impaired**
The inability of cognitively impaired patients to communicate information about pain places them at high risk for inadequate pain control.

**# 127 Substance Use Disorders in the Palliative Care Patient, 2nd ed**
The spectrum of substance use disorders (SUDs) are characterized by increasing degrees of craving, compulsive use, loss of control, and continued use despite harm.

**# 128 The Speech Pathologist and Swallowing Studies**
This Fast Fact will review the indications and contraindications for a swallowing study and the role of the speech pathologist.

**# 129 Steroids in the Treatment of Bone Pain**
This Fast Fact discusses the use of corticosteroids for painful bone metastases.

**# 130 Oral Mucositis: Prevention and Treatment**
This Fast Fact focuses on prevention and general treatment of radiation (XRT) and chemotherapy-induced oral mucositis.

**# 131 The Physician as Family Member**
Caring for a dying patient who has a physician-family member provides challenges and opportunities.

**# 132 Ketamine Use in Palliative Care**
This Fast Fact reviews the use of ketamine in palliative care as an analgesic.

**# 133 Non-Oral Hydration in Palliative Care**
This Fast Fact discusses medical decision-making about non-oral hydration in palliative care settings.

**# 134 Non-Oral Hydration Techniques in Palliative Care**
This Fast Fact reviews the technical aspects of providing non-oral hydration.

**# 135 Neoplastic Meningitis**
Neoplastic meningitis (NM) – also known as leptomeningeal metastases, meningeal carcinomatosis, or leukemic meningitis, is a common oncologic complication representing spread of tumor cells to the subarachnoid space (SAS).

**# 136 Medical Futility**
This Fast Fact will discuss the current understanding of the term futility.

**# 137 Carcinoid Syndrome: Symptom Management**
This Fast Fact will focus on managing the symptoms of CS.

**# 138 Grief in Children and Developmental Concepts of Death**
This Fast Fact reviews key developmental concepts and describes strategies for addressing children’s grief.

**# 139 Hospice Referral: Moving from Hospital to Home**
This Fast Fact reviews key steps in the transition from the acute care hospital setting to home hospice
Because more than 95% of hospice care is in the form of routine home care, clinicians may not be aware that the MHB specifies four different levels of hospice services to meet the diverse needs of dying patients and their family.

# 141 Prognosis in End-Stage COPD
This Fast Fact will review prognostication in patients with advanced COPD.

# 142 Opioid-Induced Hyperalgesia
This Fast Fact reviews the clinical findings and treatment options.

# 143 Prognostication in Heart Failure
This Fast Fact reviews prognostication data in Heart Failure (HF).

# 144 Palliative Care Issues in Heart Failure
This Fast Fact reviews domains of medical management common to most end-stage HF patients.

# 145 Panic Disorder at the End-of-Life
Separating “normal” death-related anxiety from pathological panic is an important palliative care skill.

# 146 Screening for Depression in Palliative Care
This Fast Fact reviews literature on depression screening tools.

# 147 Oropharyngeal Candidiasis
Oropharyngeal candidiasis (thrush) occurs commonly in seriously ill and dying patients.

# 148 The Lidocaine Patch
This Fast Fact reviews its mechanism of action, research data, and dosage information.

# 149 Teaching the Family What To Expect When the Patient Is Dying
Family members look to the physician and nurse to help them know what to expect when a loved one is dying.

# 150 Prognostication in Dementia
This Fast Fact reviews issues of prognostication in dementia.

# 151 Hypercalcemia of Malignancy
Up to 30 percent of patients with cancer develop hypercalcemia.

# 152 The Military History as a Vehicle for Exploring End-of-Life Care with Veterans
Knowing the components of a military history can be a useful tool in bridging the silence that often surrounds the war experience and can act as a catalyst for discussions about end of life preferences.

# 153 Health Literacy in Palliative Medicine
This Fast Fact reviews assessment and management strategies for poor health literacy.

# 154 Use of Interpreters in Palliative Care
This Fast Fact reviews key issues when using interpreters in the palliative care setting.

# 155 Completing a Death Certificate
This Fast Fact reviews key steps in the completion of a death certificate.

# 156 Evaluating Requests for Hastened Death

This Fast Fact provides guidance on how to evaluate and initially respond to a patient who raises the topic of a hastened death.

**# 157 Malignant Pleural Effusions Interventional Management**
This Fast Fact reviews key facts regarding effusion management.

**# 158 Respiratory Secretion Management**
This Fast Fact reviews treatment options for managing distressing secretions.

**# 159 Responding to a Request for Hastening Death**
This Fast Fact focuses on possible ways of responding to patients who continue to want a hastened death despite every effort to find appropriate palliative care alternatives.

**# 160 Screening ICU Delirium**
Delirium can be hypoactive or hyperactive. Patients with hypoactive delirium are calm, but inattentive and manifest decreased mobility. Patients with hyperactive delirium are agitated and combative, and also lack the ability to maintain attention to complete tasks.

**# 161 Opioid Use in Renal Failure**
This Fast Fact reviews recommendations for opioid use in the setting of renal failure and in patients receiving chronic dialysis.

**# 162 Advance Care Planning in Chronic Illness**
This Fast Fact reviews key concepts of the Advance Care Planning (ACP) process.

**# 163 Decision Making in Chronic Kidney Disease**
This Fast Fact reviews key concepts of the ACP process for CKD patients.

**# 164 Informed Consent in Palliative Care - Part I**
This Fast Fact reviews the legal basis for informed consent.

**# 165 Informed Consent in Palliative Care - Part II**
This Fast Fact discusses common myths about informed consent that arise in palliative care.

**# 166 Once Daily Oral Morphine Formulations**
To prevent confusion due to similar generic names, this Fast Fact will use trade-names for Kadian and Avinza, and “ER-morphine” to describe extended-release formulations which are usually dosed q12 hours.

**# 167 Health Professional Burnout - Part I**
This Fast Fact will describe burnout and its risk factors, and review essential research regarding health professionals and burnout.

**# 168 Health Professional Burnout - Part II**
This Fast Fact will explore symptoms of burnout and its personal and professional consequences.

**# 169 Health Professional Burnout - Part III**
This Fast Fact will address strategies to avoid burnout while sustaining personal and professional health, integrity, and growth.

**# 167 Health Professional Burnout - Part IV**
This Fast Fact will briefly describe assessment tools used in health professional research.

**# 171 Methadone for Neuropathic Pain**
This Fast Fact examines the research base regarding methadone and neuropathic pain and reviews the rise in methadone-related deaths.
# 172 Professional Patient Boundaries in Palliative Care
This Fast Fact reviews issues in health professional-patient boundaries in palliative care.

# 173 Cancer Related Fatigue
This Fast Fact reviews diagnostic and treatment approaches in the palliative care setting.

# 174 Dementia Medications in Palliative Care
This Fast Fact will suggest guidelines for continued use or discontinuation in the hospice/palliative care setting.

# 175 Opioid Allergic Reactions
This Fast Fact will review signs, symptoms, and management options of opioid allergies and pseudo-allergies.

# 176 Evaluation of Malignant Ascites
This Fast Fact reviews the causes and diagnosis of malignant ascites.

# 177 Palliative Treatment of Malignant Ascites
This Fast Fact will review treatment approaches and the important role of determining the Serum Ascites-Albumin Gradient as a diagnostic and treatment aid.

# 178 The National Polst Paradigm Initiative
This Fast Fact will review key elements of the POLST project.

# 179 CPR Survival in the Hospital Setting
This Fast Fact will review data on CPR outcomes in hospitalized patients.

# 180 Parenteral Lidocaine for Neuropathic Pain
This Fast Fact reviews the use of parenteral lidocaine for neuropathic pain.

# 181 Oral Oxymorphone
This Fast Fact will review oral oxymorphone and its place in pain management.

# 182 Xerostomia, 2nd ed
This Fast Fact will review the causes and treatments of xerostomia.

# 183 Conflict Resolution I: Careful Communication
This Fast Fact provides an alternative approach to conflict resolution based on understanding a patient’s or family’s story, attending to their emotions, and establishing shared goals.

# 184 Conflict Resolution II: Principled Negotiation
Principled negotiation is an approach to resolving conflict that avoids power struggles and unwanted compromises.

# 185 Topical Opioids for Pain
This Fast Fact reviews the mechanism of action, research data, and dosing information on topically applied opioids.

# 186 Anxiety in Palliative Care - Causes and Diagnosis
This Fast Fact will discuss the causes and evaluation of anxiety.

# 187 Non-Tricyclic Antidepressants for Neuropathic Pain
This Fast Fact reviews the use of non-tricyclic antidepressants for neuropathic pain.

# 188 Hepatic Encephalopathy in ESLD
Hepatic encephalopathy (HE) is a neuropsychiatric syndrome with a fluctuating course associated
with end stage liver disease (ESLD).

# 189 Prognosis in Decompensated Chronic Liver Failure
This Fast Fact reviews prognosis in chronic liver failure, focusing on two validated prognostic indices.

# 190 Parenteral Nutrition in Advanced Cancer Patients
This Fast Fact reviews the role of PN in advanced cancer patients.

# 191 Prognostication in Patients Receiving Dialysis
This Fast Fact reviews the current data regarding prognostication in patients receiving chronic hemodialysis and peritoneal dialysis.

# 192 Palliative Care for Adults with Developmental Disabilities
This Fast Fact will review special issues in the care of developmentally disabled people with life-limiting diseases.

# 193 Decision Making for Adults with Developmental Disabilities Near the End-of-Life
This Fast Fact will address medical decision making for adults with developmental disabilities (DD) who are facing terminal or life-limiting diseases such as cancer, end-stage organ failure, or progressive debility.

# 194 Disclosing Medical Error
This Fast Fact will address how to disclose error with a patient/family.

# 195 Responding to a Colleague's Error
This Fast Fact will address responding to a colleague’s error.

# 196 Bisphosphonates and Osteonecrosis of the Jaw
Osteonecrosis of the jaw (ONJ) is a potentially devastating complication associated with bisphosphonate therapy.

# 197 Chemotherapy Associated Peripheral Neuropathy
This Fast Fact will review the clinical features and treatment of CAPN.

# 198 Regulatory Issues for Prescribing Schedule II Opioids at the End-of-Life
This Fast Fact will review US federal regulations regarding prescribing Schedule II drugs.

# 199 Opioids for Cough
This Fast Fact will focus on the use of opioids for the symptomatic treatment of cough.

# 200 Non-Opioid Anti-Tussives
This Fast Fact will address peripherally-acting agents.

# 201 Palliative Care for Patients with Huntington's Disease
This Fast Fact will focus on supportive and terminal care for patients with HD and their families.

# 202 Vertebroplasty and Kyphoplasty for Vertebral Compression Fractures
Vertebral compression fractures (VCFs) occur in up to 20% of patients above the age of 50, mostly due to osteoporosis.

# 203 Managing One's Emotions as a Clinician
This Fast Fact focuses on clinicians’ emotional responses to patient care.

# 204 African Americans and End-of Life Care
This Fast Fact outlines research findings on differences in end-of-life care and values between African
Americans and the population as a whole.

**# 205 Destination Ventricular Assist Devices for Heart Failure**
In 2002, the FDA approved the LVAD not only as “bridge therapy”, but also as an alternative to transplantation, or “destination therapy.”

**# 206 Genetic Screening and DNA Banking at the End-of-Life**
Once patients die, however, their DNA is no longer readily available for this future testing. On the other hand, decisions about genetic testing are complex and can have profound emotional, familial, and financial impacts on those affected and should not be pursued hastily.

**# 207 Withdrawal of Dialysis: Decision Making**
This Fast Fact reviews key issues pertaining to the decision to stop chronic dialysis; Fast Fact #208 will discuss the care of patients after it is stopped.

**# 208 Clinical Care Following Withdrawal of Dialysis**
This Fast Fact addresses care of the patient around the time of discontinuation.

**# 209 Malignant Pericardial Effusions**
This Fast Fact discusses the diagnosis and management of MPEs.

**# 210 Suicidal Attempts in the Terminally Ill**
This Fast Fact discusses evaluating and responding to suicidality in patients with life-limiting diseases.

**# 211 Guided Imagery for Anxiety**
This Fast Fact will discuss guided imagery as an anxiety reduction technique.

**# 212 Phantom Limb Pain**
This Fast Fact will review the evaluation and management of PLP.

**# 213 Prognosis in HIV and AIDS**
This Fast Fact discusses prognostication in patients who are suffering life-threatening complications related to HIV infection using data where cART was available.

**# 214 Prognosis in HIV Associated Malignancies**
This Fast Fact presents survival data for malignancies commonly arising in the setting of HIV / AIDS.

**# 215 Opioid Poorly Responsive Cancer Pain**
This Fast Fact reviews key points in its assessment and management.

**# 216 Asking about Cultural Beliefs in Palliative Care**
This Fast Fact offers a framework for taking a ‘cultural history’ to better understand a patient’s and family’s needs.

**# 217 Restless Leg Syndrome**

**# 218 Managing Wound Odor**

**# 219 Responding to Requests for Non-Disclosure of Medical Information**
This Fast Fact will introduce readers to a practical approach to responding to families who request non-disclosure to the patient.

**# 220 Hypodermoclysis**
This Fast Fact discusses subcutaneous fluid infusions, also known as hypodermoclysis (HDC).
# 221 Treatment of Pain in Patients Taking Buprenorphine for Opioid Addiction
Buprenorphine, a mixed opioid agonist/antagonist, available in the United States, is approved for treatment of opioid addiction in the US; such use is restricted to qualified physicians who have received training and a waiver to practice medication-assisted opioid addiction therapy.

# 222 Preparing for the Family Meeting
Careful preparation for the family meeting is essential to ensure the best outcome.

# 223 The Family Meeting: Starting the Conversation
This Fast Fact reviews the early steps of the actual meeting.

# 224 Responding to Emotion in Family Meetings
This Fast Fact provides a detailed approach to emotions that arise during family meetings.

# 225 The Family Meeting: Causes of Conflict
This Fast Fact explores understanding the causes of conflict and how to plan an effective strategy to move beyond the conflict to meet the needs of the patient and surrogates.

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