



Palliative Care in Sepsis: The Extra Layer of Support

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Disclosure

I have no financial disclosure or
conflicts of interest with the material
in this presentation.

Objectives

- Explain differences and similarities between hospice and palliative care;
- Categorize sepsis patients who would benefit from palliative care consult and support; and
- Summarize what palliative care services can offer sepsis patients and their families

What is palliative care?

Multi-disciplinary - physicians, nurse practitioners/APPs, nurses, nurse aids, social workers, chaplains

- ☐ Born out of hospice care
- ☐ Quality of life and PATIENT GOALS during any serious illness (regardless of prognosis) while disease-modifying treatment continues
- ☐ Emotional, psychological, spiritual support
- ☐ Disease symptom management
- ☐ Prepare patient/family for future



What is hospice?

☐ Philosophy of care

☐ Insurance benefit

✓ Requires:

- *disease-specific eligibility criteria*
- *prognosis likely <6 months should disease run natural course*

✓ *disease-related services typically 100% covered (equipment, medications, supplies, team member visits, etc.)*



What is hospice?

- ❑ Multi-disciplinary care for terminally ill patients and their families
- ❑ Disease-modifying/life-sustaining treatment has ended
- ❑ Physical, emotional, psychological, spiritual support
- ❑ Focus on symptom control, dignity, quality of life (as person defines it)





Palliative Services

Paid by
insurance, self

Any stage of disease

Same time as
curative treatment

In Common

Comfort care

Reduce stress

Offer complex
symptom relief related
to serious illness

Physical and
psychosocial relief



Hospice Services

Paid by Medicare,
Medicaid, insurance

Prognosis 6 months
or less

Excludes curative
treatment

Vitas.com

- 1.7 million sepsis patients annually
- 1 in 3 patients who die in hospital have sepsis
- At least 350,000 Americans die from sepsis every year

Reference: endsepsis.org

- From 2019-2021, in-hospital mortality from sepsis increased in both Covid-19 and non-Covid-19 populations

Reference: Agency for Healthcare Research and Quality

Experiences during sepsis hospitalization (to name a few?)

Patients: loss of control, physical vulnerability, fear, minimal input in care preferences or goals

Families: loss of control, uncertainty, intense emotions, anticipatory grief, family dynamics, wanting and needing information in way they can process and understand, burden of decision-making

Care providers: demanding care needs, family dynamics, intense emotions

Would my sepsis patient benefit from Palliative Care consult?

- Concern for poor prognosis despite optimal care
- Treatment will definitively not prolong life
- Treatment may prolong life but not in meaningful way (ex: anticipate residual deficits or significant decline from baseline condition)
- Patient/family facing difficult treatment decisions
- Patient/family may not want to proceed with disease-modifying treatment
- Patient/family need focused emotional, spiritual, psychological support



Palliative Care for Sepsis Patients

- ❖ Navigate illness/hospital journey
- ❖ Communication advocate
- ❖ Identify legal decision-makers (MPOA, NOK, etc.)
- ❖ Goals of care discussions, anticipatory guidance, PLANNING for “what if”
- ❖ Advance directives/advance care planning
- ❖ Support during end-of-life transitions





PEARLS

- “Hospice” and “Palliative Care” are not interchangeable terms
- All Hospice is Palliative Care, but not all Palliative Care is Hospice
- All sepsis patients are likely appropriate for Palliative Care support
- Palliative Care providers cannot “persuade” patients or families in/out of treatment decisions
- Palliative Care providers do not talk patients or families out of “bad” decisions
- The earlier the Palliative Care consult, the better

THANK YOU!