

## Emergencies in Palliative Care

Emergency	Presentation	Symptoms	Cause	Emergency	Management	Recurrence
Bleeding	Untreatable haemorrhage	Hypotension Cold	From tumour site	Keep patient warm, Dark towels	Sedate – s/c or i/v Midazolam +/- diamorphine. Support relatives	Repeat previous treatment
Hypercalcaemia	Corrected serum calcium > 2.7 mmol/l	Drowsiness, nausea, vomiting, confusion, constipation, thirst, polyuria, precipitation or exacerbation of pain	Often due to tumour type Ectopic parathyroid hormone secretion	Rehydrate with 3 litres of 0.9% sodium chloride for 2 to 3 days	Bisphosphonates i/v May need admission	Oral Bisphosphonates or regular i/v therapy
Superior vena cava obstruction	Oedema of face or arms. Distended neck and arm veins. Dusky colour – chest, arms & face	Dyspnoea, headache, dizziness, hoarseness, stridor.	Obstruction of veins in mediastinum by tumour/lymph nodes	Sit up. 60% oxygen. i/v or oral 16 – 24 mgs dexamethasone. Consider i/v or oral 40mgs frusemide	Steroids + radiotherapy or chemotherapy or stent	Increase dose of steroids Stent
Spinal cord compression	Thoracic back pain (95%). Stiffness/weakness of legs paraesthesia/motor weakness – late/sphincter disturbance – very late.	Tenderness over spine, brisk reflexes, extensor plantar responses and sensory level	Common in breast, prostate, lung and myeloma	Within 24 hours i/v or oral 24mgs dexamethasone then oral maintenance 16mgs daily initially then titrate down	Radiotherapy if prognosis > 1 week. Surgery if spinal instability or had XRT	Surgery
Cauda equina compression. Lumbar spine below L1	Lumbar pain Flaccidity lower limbs Loss of anal sensation	Weakness of legs, sciatic pain, urinary hesitancy,	Common in breast, lung, prostate cancer and	Steroids as above	Radiotherapy	Consider steroids

		perianal numbness	myeloma			
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