



Introduction

Orthotopic Heart Transplantation (OHT) offers an improved and extended life for some advanced heart failure patients, but it also comes with significant morbidity, mortality and unmet palliative care (PC) needs. Professional society consensus guidelines continue to recommend PC as part of comprehensive heart failure care, including for transplant candidates; nevertheless, such collaboration is rare. MedStar Washington Hospital Center Palliative Care Service began collaborating closely with the MedStar Heart and Vascular Institute Advanced Heart Failure Program to provide supportive care to patients and families in January 2015. The PC consultation team (physician, nurse practitioner, social worker, pharmacist, chaplain) round daily on OHT recipients. PC team members perform discipline-specific assessment and education on PC topics related to heart failure, including symptom management, goals of care, psychosocial and spiritual support and end-of-life care.

Objectives

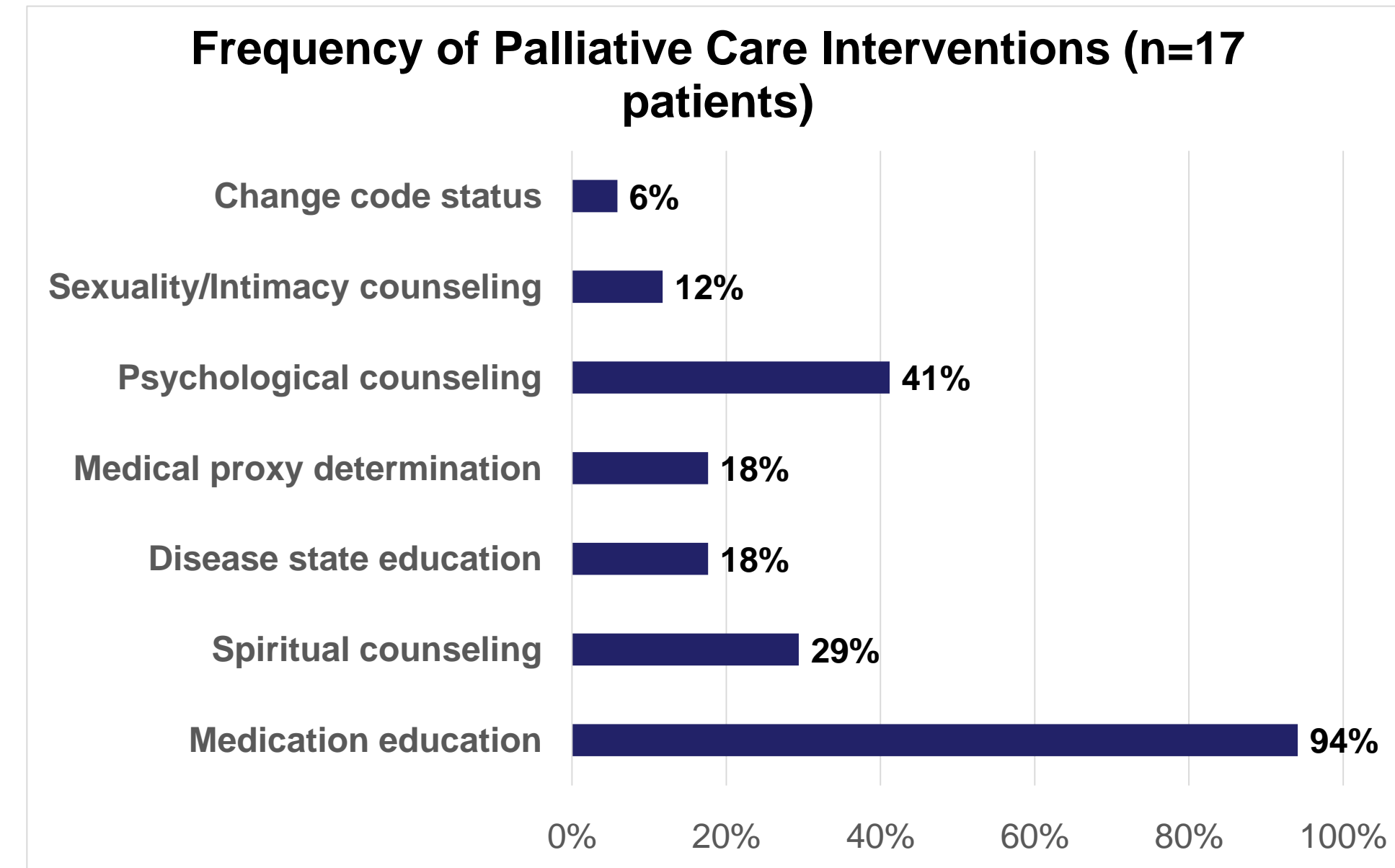
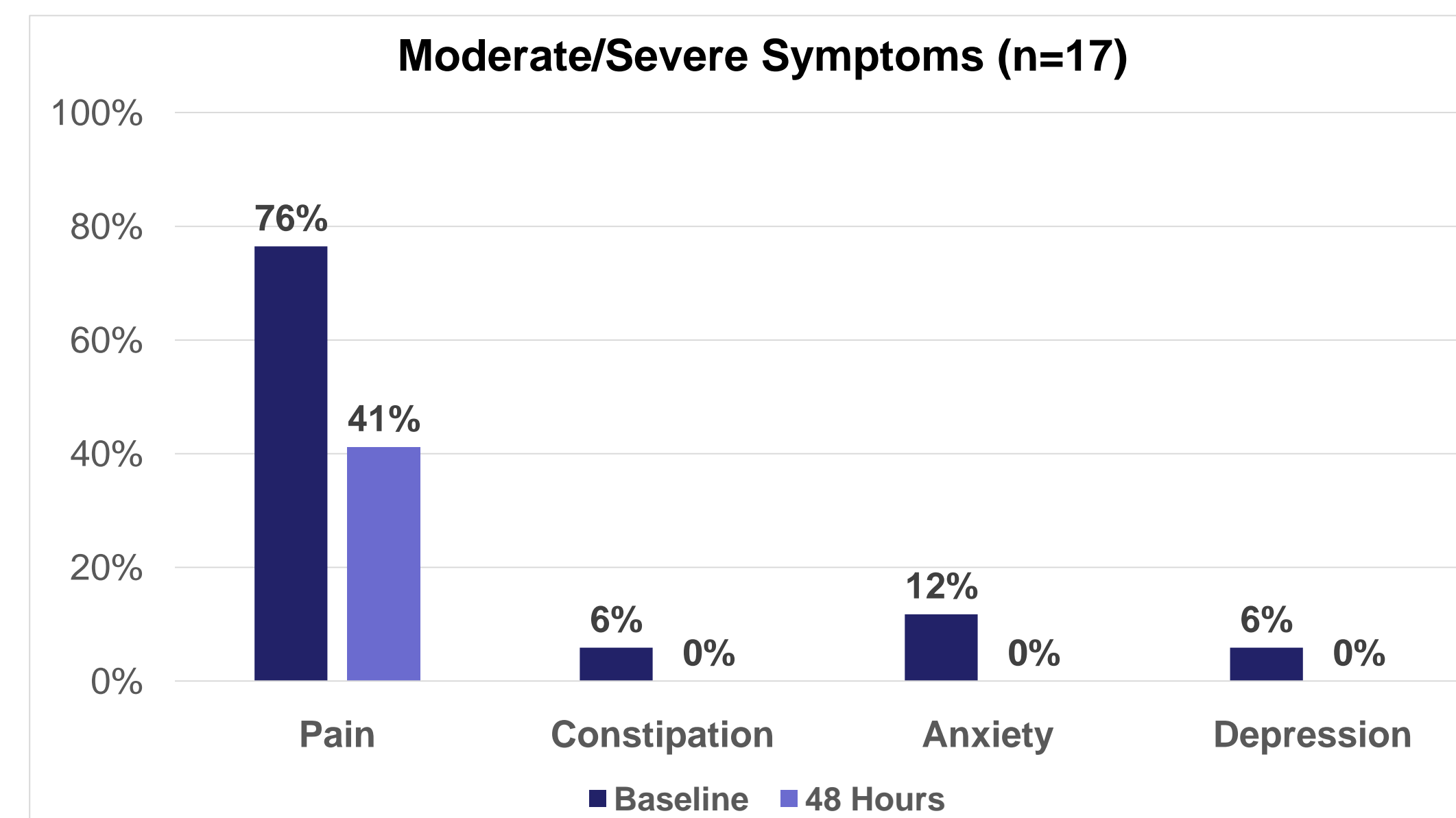
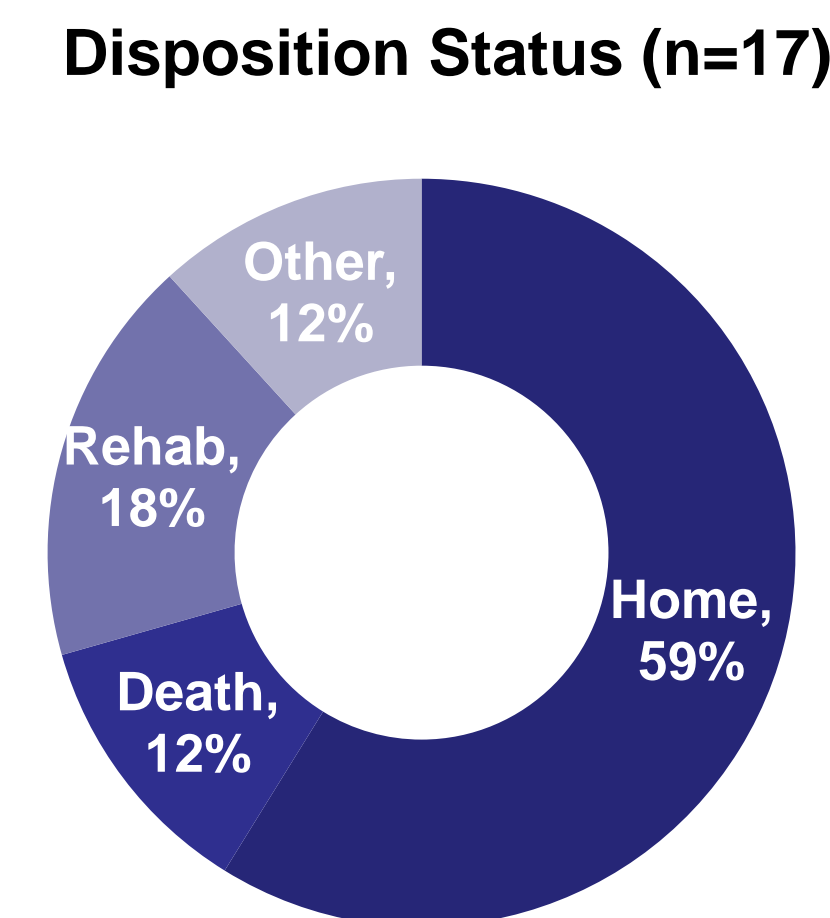
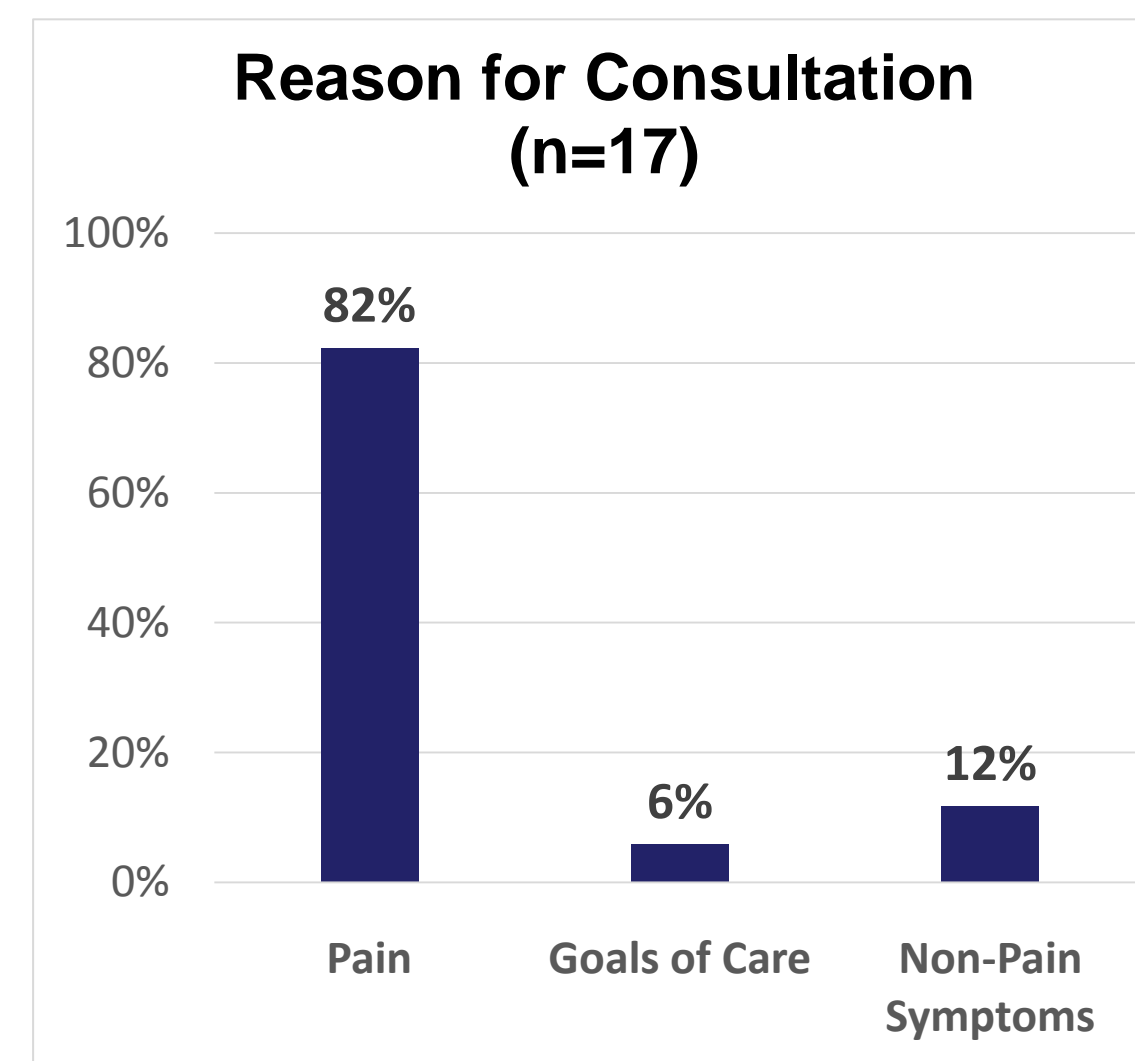
1. Describe PC interventions in cardiac transplant recipients
2. Determine patient prognosis and disposition for cardiac transplant patients

Methods

A retrospective chart review was performed on all OHT recipients receiving PC consultation from January- July 2015. Data was collected from PC assessments and included relevant clinical issues, reason for PC consultation, prognosis, disposition, and symptom burden at baseline and 48 hours (recorded using Edmonton Symptom Assessment Scale). Types of PC interventions were categorized as well as details on the hospitalization such as length of stay, and time to consultation.

Results

Total consultations	17
Average age (yrs)	43 (21-61)
Female (patients)	9
Median time to consult (days)	3.5 (1-74)
Median length of stay (days)	25.5 (1-93)



Discussion

Patients who are OHT recipients have significant symptom burden, emotional, spiritual and existential distress from serious complications and death. In this case series, OHT recipients responded well to PC interventions demonstrating improvement in symptom scores. Both clinician teams have had positive experiences working collaboratively.

Conclusion

Palliative care can play a meaningful and significant role in the care of our cardiac transplant patients. Future research is required to better characterize the need, evaluate the interventions, and demonstrate the value of PC for OHT patients.

References

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