INTRODUCTION

Palliative care has been shown to improve quality of life and prolong median survival in patients with advanced cancer. Sadly, patients are still suffering at the end of their lives perhaps secondary to aggressive hospital care. ICU use in the last month of life increased from 24.3% to 29.2% over the last study decade.

Objective: to evaluate and quantify outcomes, including survival, of patients with active stage IV malignancy admitted to an urban university affiliated hospital MICU who had a palliative medicine consult

METHODS

Design: retrospective chart review of patients from 04/2013 - 04/2014 admitted to the MICU with active stage IV malignancy identified via a validated proactive case finding trigger tool.

Trigger Criteria:

1. No Trigger
2. ICU admission following a current hospital stay ≥ 10 days
3. Age > 80yrs old with two or more co morbidities
4. Diagnosis of an active stage IV malignancy
5. Status post cardiac arrest
6. Diagnosis of an intracerebral hemorrhage requiring mechanical ventilation
7. Advanced dementia (pre-hospital status was bedbound, nonverbal and /or tube feed);
8. Referral for tracheotomy or gastrostomy

Data collected: pain/ symptom relief, clarification of goals of care, length of stay, and disposition (hospice, rehabilitation facility, home and death).

RESULTS

Total MICU Patients Assessed: 468
Total MICU Patients meeting ANY trigger criteria: 120
Total Patients triggered with active stage IV malignancy: 24

Disposition:

- Death: 8
- Hospice: 4
- Rehab: 4
- Home: 3
- Other: 2

CONCLUSION/ NEXT STEPS

Nearly 40% of patients with active stage IV malignancy admitted to the MICU died during their hospital stay. We believe this study illuminates the futility of ICU care in this patient population. Consultation from the palliative medicine team using a proactive trigger tool can be beneficial to allow for better symptom control, clarification of goals and psychosocial counseling.