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Pressure Care at the End of Life

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Sacred Heart Palliative Care Service is a 50 bed inpatient unit and a 240 client community service. For a large number of these community based clients, the disease trajectory is one of slow general decline over a long period and then one rapid and short lived deterioration. For these clients, pressure care issues are not present until this last sudden and unpredictable deterioration.

The Occupational Therapists are regularly referred these clients in the final phase to address pressure care needs. Is there a defining point where addressing pressure care is no longer relevant? Is the action of transferring a client in the final phase of life onto a pressure mattress psychologically and physically more traumatic than the benefits received from an alternating or high level mattress. How do we as OT's define that point where pressure care is less relevant than comfort for the clients and support for the family? Is there a simple answer to this question or does it remain an individual judgement call.

A retrospective **quality assurance** study was undertaken on all pressure care mattresses installed in the community palliative care team over a six month period. Length of time used, perceived pressure to install mattress and source of that pressure as well as documented impact of the physical transfer to the alternating or high level mattress were reviewed. Any post death comments by family were also considered. A literature review was also undertaken to determine any known standards for community based palliative pressure care intervention.

This study demonstrated that intervention still remains dependent upon the therapist's clinical judgement and experience. It supported our confidence and knowledge in our practice to provide alternatives to pressure care mattresses at end of life for some of our client population. Finally, it provided a platform from which we hope to develop a body of evidence that supports the clinical assessment and interventions undertaken by Occupational Therapists with clients facing a palliative diagnosis.