Palliative Care and the Transplant Patient

Meghan Tracewski, RN, MSN, CPNP
Palliative Care Nurse Practitioner
Pediatric Advanced Care Team
Objectives

The learner will be able to:

• Define palliative care

• Identify opportunities for palliative care in their practice

• Develop skills to understand perspective

• Explore the power of narrative medicine
Atticus Finch in
*To Kill a Mockingbird*
by Harper Lee (1960)
Proposed Trajectories of Dying

**Sudden Death**
- High Function
- Low Function
- Time
- Death

**Terminal Illness**
- High Function
- Low Function
- Time
- Death

**Organ Failure**
- High Function
- Low Function
- Time
- Death

**Frailty**
- High Function
- Low Function
- Time
- Death
Risk of Suffering
Risk of Suffering

• Suffering can be associated with the disease itself or the therapies designed at treating the disease

• Suffering can be:
  • Physical, Emotional, Psychosocial, Spiritual, Financial...

• Suffering can be present in:
  • Patient, Family Members, Nurse, Doctor, Therapist, Colleagues...

• Suffering can impact quality of life and shorten one’s life
You need a new organ

• Layers of decision making

• Symptom management

• Living in uncertainty

• Trading one disease for the next

• Goals of care
To List or Not to List
Kidney Transplant
Heart Transplant
Liver Transplant
Acute Decompensation/Diagnosis
Accommodating to a New Life
Decompensation and Recovery
Decline Preceding End of Life
End of Life
Power of Narrative

• What does it mean to be comfortable?

• How do we define quality of life?

• How do you illicit values?
Questions???

Meghan.Tracewski@choa.org