

THE ROLE OF NURSING STAFF IN THE PROVISION OF PALLIATIVE CARE IN AN OUTPATIENT SETTING

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Annotation: One of the most difficult social problems in the world is problem of incurable patients. Patients that are experiencing mental and physical suffering need adequate comprehensive social and medical assistance.

Key words: incurable disease, palliative care (PC).

Introduction. One of the main areas in which the healthcare system is engaged is palliative medicine, which is characterized as the medical care of patients with an active, progressive or incurable form of the disease.

To achieve the best quality of patients' life and their families is the main goal of palliative medicine. Palliative care helps in threatening illness by alleviating and preventing suffering through early detection, treatment of pain and careful assessment other physical symptoms, and the provision of spiritual and psychosocial support.

In other words, palliative care is the deliverance of the sick and dying person from suffering. (1)

Main part. Provision of palliative care can be carried out on an outpatient basis, including at home in the form of outreach services, and in inpatient conditions, including on palliative beds of round-the-clock in nursing homes (departments), in hospices, hospitals, by medical workers who have undergone special training.

Main part of palliative care:

- Any person that needs palliative care should get it;
- To achieve the best possible quality of life for the patient;

- The important task of PC is to solve psychological, physical and spiritual problems;
- PC services should be based on clinical indications, but not on the nosological form of the disease, the location of the patient, his economic status;
- PC education programs should be included in the training of all interested medical workers;
- Researches should be carried out to improve the quality of PC;
- PC should receive adequate and equitable funding;
- PC providers must always respect patients' rights, do professional obligations and standards of care, and act only in the best interests of the patient.

Thus, PC is a type of therapy that recognizes the impossibility of curing or containing the disease for a long time and solves the problem of minimizing unpleasant and painful symptoms through treatment, the main and only goal of which is to make the patient's life as comfortable as possible.

From the above, it can be seen that in solving the problems associated with the provision of palliative care, a large role belongs to the nursing staff of polyclinic and inpatient units.

The nurse should draw up a care plan that takes into account the patient's habits and wishes. Care in palliative care should be considered from the standpoint of medical science and practice as a system of measures aimed at replacing completely or partially lost body functions and creating a favorable psychological environment for the patient and around him.(2)

The number of palliative care visits was:

- in 2019 - 980 (on average 65.00 visits per month)
- in 2020 - 139 (average 69.91 visits per month)
- for 9 months of 2021 - 154 (an average of 95.82 visits per month).

The increase in the number of visits is due to the intensification of work on the provision of PC since March, and especially since May 2019 in connection with the increased attention to this type of care at all levels (the regulatory framework is given above, including the new Procedure for the provision of palliative care).

The number of patients in need of palliative care for 9 months of 2021 amounted to 81 people in the polyclinic. (3) At the beginning of 2021 and in the course of work, in order to study the problems associated with the provision of palliative care, analytical work was carried out. In the polyclinic, a record of the types of nursing services provided in the framework of palliative care was carried out. In the first place - various intramuscular injections - 210, mainly various pain relievers; in second place intravenous injections - 70; blood sampling at home in third place - 26; in fourth place - electrocardiography at home - 7. These data are taken as "basic" for further analysis, development of algorithms, accounting for the workload on staff. (4) In polyclinic No. 2, 500 medical records of outpatients potentially requiring palliative care were analyzed retrospectively. The study included patients over 40 years old.

The criteria indicating the need for palliative care were

- the need of the patient for outside help;
- weight loss over the last 3 to 6 months;
- unplanned hospitalizations;
- signs of decompensation in oncological diseases, in diseases of the cardiovascular system, in chronic obstructive pulmonary diseases, in chronic liver failure, in chronic renal failure; the development of dementia in various diseases.

The leading diseases that determined the nature of palliative care were

1. neurological diseases (chronic cerebrovascular diseases, consequences of stroke, dementia);
2. oncological diseases;
3. diseases of the cardiovascular system.

However, this distribution is arbitrary, since in the overwhelming majority of cases (97.2 percent) patients had combined health and function disorders.

Conclusions. All patients needed comprehensive care, requiring the coordinated work of medical and social structures and institutions.

Among the urgent problems in the provision of PC that require special attention, one can single out.

- low awareness of medical workers about the scale of the need, which requires further research in this direction;
- lack of knowledge and practical skills in the field of palliative medicine among medical personnel in primary health care;
- organizational and financial difficulties.

LIST OF REFERENCES

1. Deep Medicine: How Artificial Intelligence Can Make Healthcare Human Again Illustrated Edition. Eric Topol, 2019 (1)
2. Паллиативная помощь. Медико-социальные принципы и основы сестринского ухода. 2020 г (2)
3. Hospice and Palliative Medicine Handbook: A Clinical Guide 1st Edition, Kathy Ligon, 2020, 215 pages. (3)
4. End-of-Life-Care: A Practical Guide, Second Edition 2nd Edition (4)