

Occupational Therapy Intervention to Improve Function and Quality of Life for Patients Living with Refractory Breathlessness

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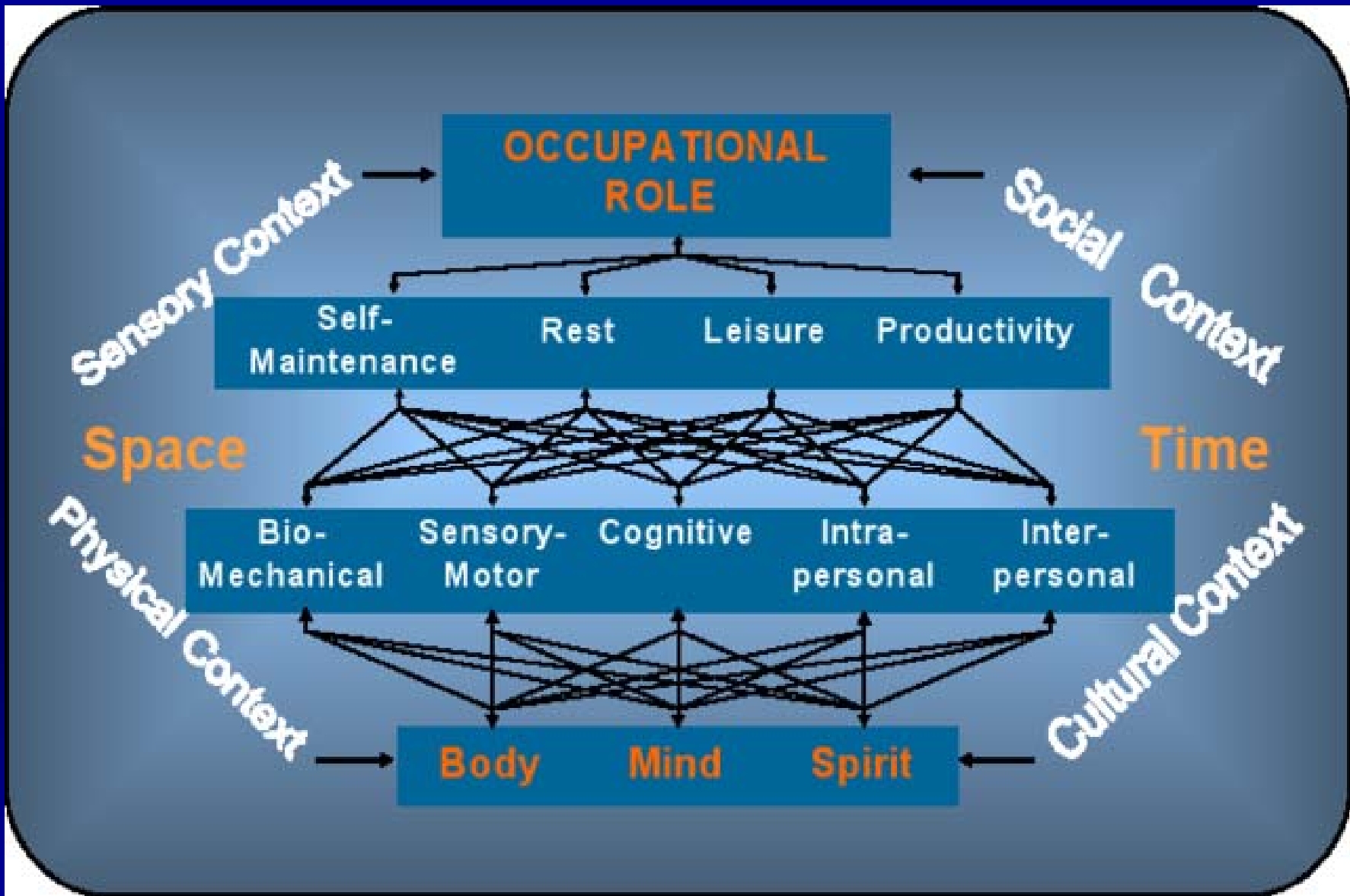
Occupational Therapy

- *“Occupational Therapy is the art and science of enabling engagement in everyday living; of enabling people to perform the occupations that foster health and well-being; and of enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life”*

(Townsend & Polatajko, p.372)

Occupational Performance Model (Australia)

- The Occupational Performance Model has been developed by Chapparo & Ranka as a conceptual model to assist in guiding occupational therapists approach to their practice.
- The Occupational Performance Roles include the areas of Self Maintenance, Rest, Leisure and Productivity.
- These roles and the components within them provide an excellent guide to practice for occupational therapists working in oncology and palliative care.



Prince of Wales Hospital (POWH)

- POWH is a large tertiary referral hospital in the eastern suburbs of Sydney.
- Large Oncology unit and Consultative Palliative Care Department.
- 1.0 FTE Senior Occupational Therapist for Oncology, Palliative Care & Hematology units.

Lung Cancer Multidisciplinary Team

- Meets fortnightly and consists of a Medical Oncologist, Radiation Oncologist, Respiratory Physician, Radiologist, Thoracic Surgeon, Lung Cancer Nurse Coordinator and Occupational Therapist.
- All patients who are diagnosed with stage IIIb or IV disease, or are breathless at diagnosis are offered an occupational therapy assessment.

Patients Living with Cancer who Experience Breathlessness

- Any patient who is admitted to the inpatient unit with breathlessness receives an occupational therapy assessment once they are medically stable and their breathlessness has been optimally treated.
- In the lung cancer MDT clinic (outpatients) any patient experiencing breathlessness is referred for occupational therapy assessment.

What can an Occupational Therapist do?

- The primary goal of occupational therapy intervention is focusing on the patient's quality of life and their own goals which they want to achieve.

What can an Occupational Therapist do?

- These goals may be going to their favorite coffee shop, sitting by the beach, being comfortable while listening to their favorite music.



What can an Occupational Therapist do?

- Occupational Therapy in an acute setting would be focused on independence in activities of daily living e.g. showering & dressing.
- However, with patient directed goals, these tasks may not be the priority for the patient & their family.

Intervention for Breathlessness

- Task analysis and simplification
- Energy conservation - positioning and pacing
- Functional assessment using pulse oximetry
- Environmental modification
- Relaxation therapy
- Re-settlement at home with home oxygen if prescribed by the palliative care team

Functional assessment with pulse oximetry

- The task to be assessed takes into consideration the patient's current illness and level of disability.
- A shower assessment may be suitable or bed mobility may be more appropriate.



- Pulse oximetry allows the patient to have feedback when doing tasks with and without energy conservation techniques.
- It can be of assistance in giving feedback when a patient is requesting supplemental oxygen but it offers no symptom management benefit.

Home re-settlement with palliative oxygen

- Occupational therapists at POWH have been developing skills to assist in the education of patients being discharged home with oxygen.
- Oxygen can bring many risks into the home environment, such as falls and fire risk.
- Discussion with the prescribing team is also important to ensure the benefit of managing hypoxemia outweighs the burden of the patient now being attached to a machine has been considered and discussed with the patient.

The occupational therapist
must be flexible to the needs
and priorities of the patient

Discharge with the Occupational Therapist

- Ensure the oxygen has been delivered the day prior to discharge.
- Patients are always given an oxygen concentrator and portable oxygen, to allow them the option of leaving the house if they would like.
- Arrange for home assessment in the morning, to allow time to manage any issues which may arise.

- Ensure the primary carer and patient have been integral to the discharge planning process and are happy with plan.
- If the patient is not safe with car transfers arrange for ambulance transport.
- If patient is safe with transfers then patient is taken home with the occupational therapist and portable oxygen.

- An environmental assessment will focus on decreasing the falls and fire risk's with the oxygen tubing, and energy conservation.
- Discussion with patient and carer to identify and clarify their goals to improve quality of life.
- Ensure the patient and carer have the equipment and knowledge required to enable them to achieve their goals.

Case Study Examples

Patient Goals

- Mr K wished to sit in his lounge room and listen to his music on headphones. He was set up in a recliner chair with a roho cushion for comfort and pressure relief. The oxygen concentrator was set up in another room so the noise did not interfere with the music.
- Ms J was dying on the ward and found the only position she was comfortable in was leaning forward on the bed table. A pressure cushion was placed on the table to improve her comfort.

- Mr C's goal was to go out with his wife for their Saturday morning breakfast. He was given portable oxygen and a manual wheelchair to conserve energy and allow him to have energy to enjoy the time out with his wife.



Outcome for Patient

- Patients are provided with tools to assist in the management of their refractory breathlessness.
- The focus is on the patient and their goals, not a medical box we are trying to fit the patient into.
- The occupational therapist is able to assist the patient and carer in achieving some of their goals towards the end of life.

Where to from here

- There are no published studies which look into the role of the occupational therapist in assisting with the management of refractory breathlessness in people living with cancer.
- The recent studies are nursing led.
- Pilot study into occupational therapy intervention for patients living with refractory breathlessness in cancer.
- Watch this space.

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References

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