

# The Palliative A-E: An ABCDE approach to assessing and managing End of Life patients for Junior Doctors using simulation teaching

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## Background

ABCDE approaches are a proven and effective method of assessment in emergencies but could they be used in end of life (EOL) care? This project developed a simulation teaching station for Foundation Programme Doctors to learn and practice an ABCDE style examination in the unconscious EOL patient who cannot communicate symptoms verbally. The aim was to improve the confidence in this junior doctor cohort around assessing and managing dying patients.

## Methods

During trust teaching, a cohort of Foundation Doctors from Gloucestershire Hospitals NHS Trust were presented with a simulation case assessing an unconscious EOL patient. One member from each group assessed the patient with other members contributing ideas. Ultimately the group was taught an ABCDE approach (a structured examination assessing Airway, Breathing, Circulatory, Disability and Exposure aspects, tailored to EOL patients) and questioned on management options, with feedback throughout. A survey conducted before and after the teaching aimed to assess the cohort's confidence in assessing these patients.

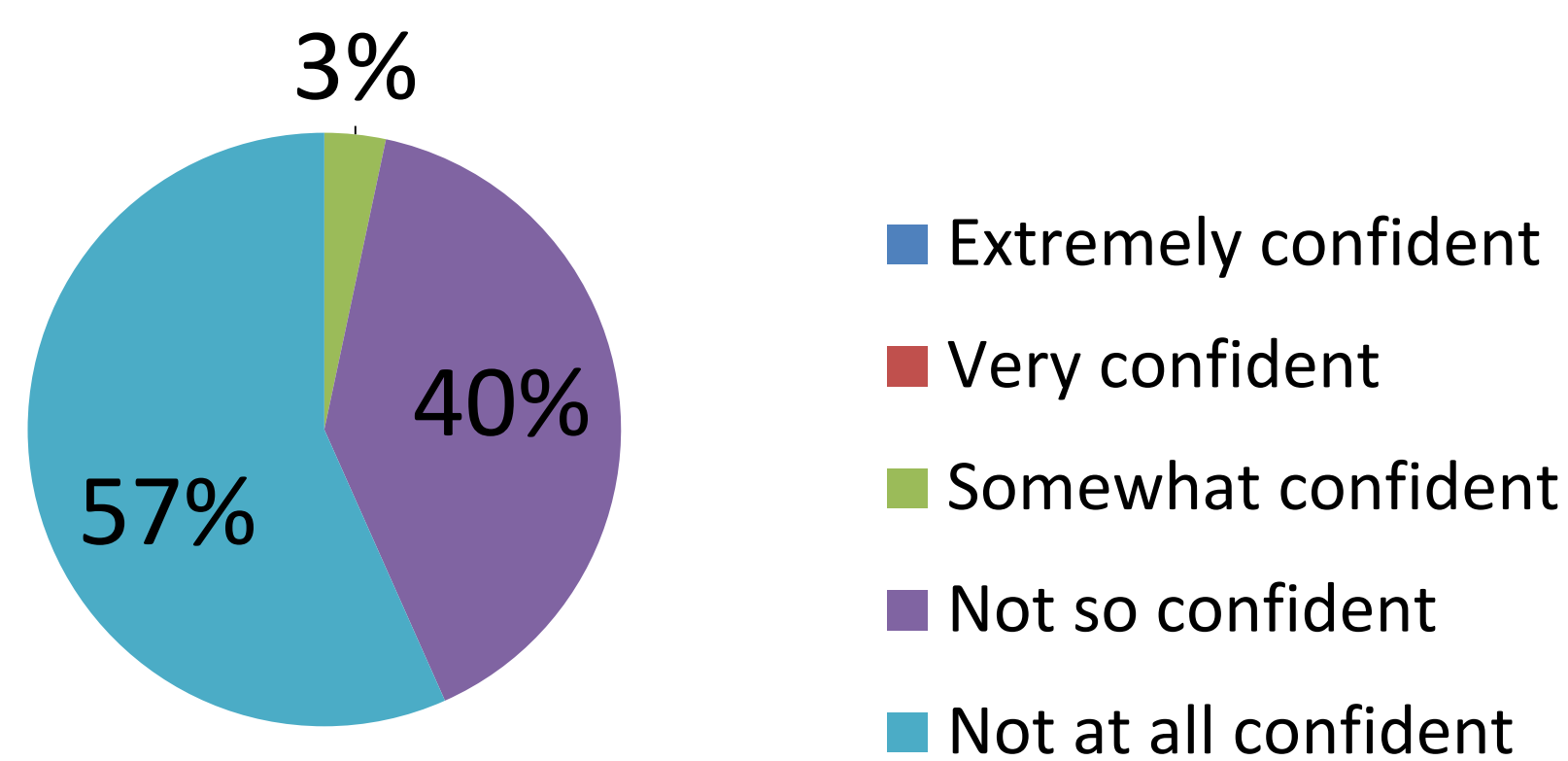
## Results

The pre-intervention surveys demonstrated a lack of confidence in Junior Doctors in assessing EOL patients both before and after graduation with 30 out of 30 and 28 out of 30 candidates feeling somewhat confident or less, respectively, partly attributed to a lack of teaching. Following the session, confidence in assessing these patients improved with 15 out of 20 feeling very or extremely confident and 100% of candidates finding the session and ABCDE technique useful.

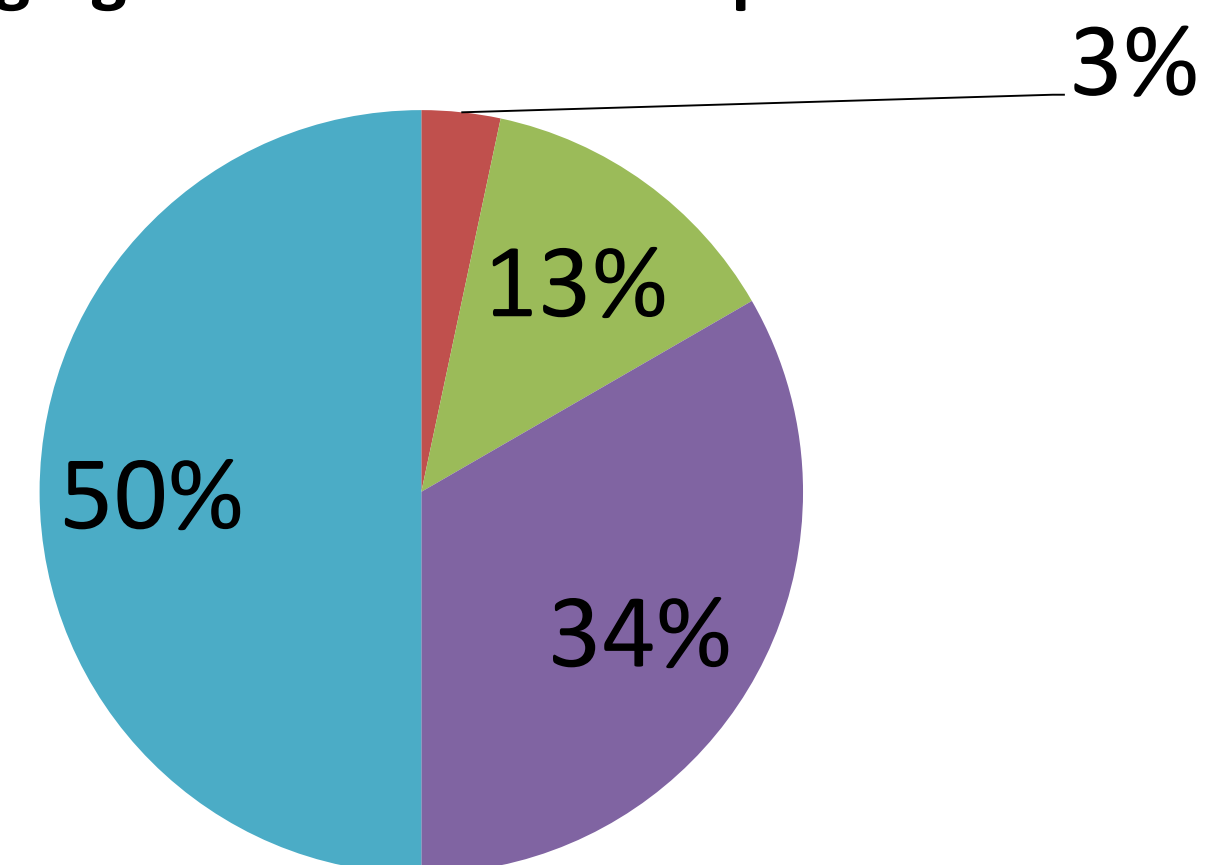
## The Palliative A-E Assessment

<b>A</b> <b>Airway</b>	<ul style="list-style-type: none"> <li>Airway secretions                             <ul style="list-style-type: none"> <li>Consider repositioning and drug therapy</li> </ul> </li> <li>Examine oral cavity                             <ul style="list-style-type: none"> <li>Provide mouth care , consider saliva substitute</li> </ul> </li> </ul>
<b>B</b> <b>Breathing</b>	<ul style="list-style-type: none"> <li>Count respiratory rate and watch for work of breathing                             <ul style="list-style-type: none"> <li>Consider opioids</li> </ul> </li> <li>Oxygen present?                             <ul style="list-style-type: none"> <li>Evaluate need; could oxygen be weaned?</li> </ul> </li> </ul>
<b>C</b> <b>Circulation</b>	<ul style="list-style-type: none"> <li>Peripheral warmth                             <ul style="list-style-type: none"> <li>Prognostic clues</li> </ul> </li> <li>Are IV fluids present and running?                             <ul style="list-style-type: none"> <li>If so, consider indication and consider stopping</li> </ul> </li> </ul>
<b>D</b> <b>Disability</b>	<ul style="list-style-type: none"> <li>Is the patient agitated?                             <ul style="list-style-type: none"> <li>Consider reversible causes – Pain, Retention, Drug induced</li> <li>Consider anxiolytic</li> </ul> </li> </ul>
<b>E</b> <b>Exposure</b>	<ul style="list-style-type: none"> <li>Examine abdomen                             <ul style="list-style-type: none"> <li>Pain? Distention? Obstruction?</li> </ul> </li> <li>Examine legs</li> <li>Examine pressure areas</li> </ul>

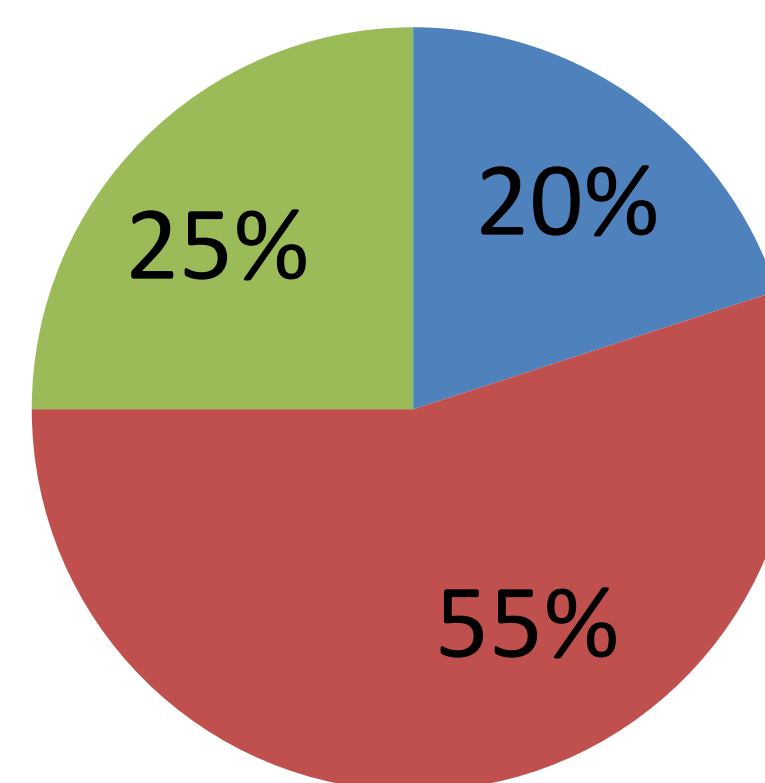
Prior to FY1, how confident would you feel individually assessing an unconscious EOLC patient?



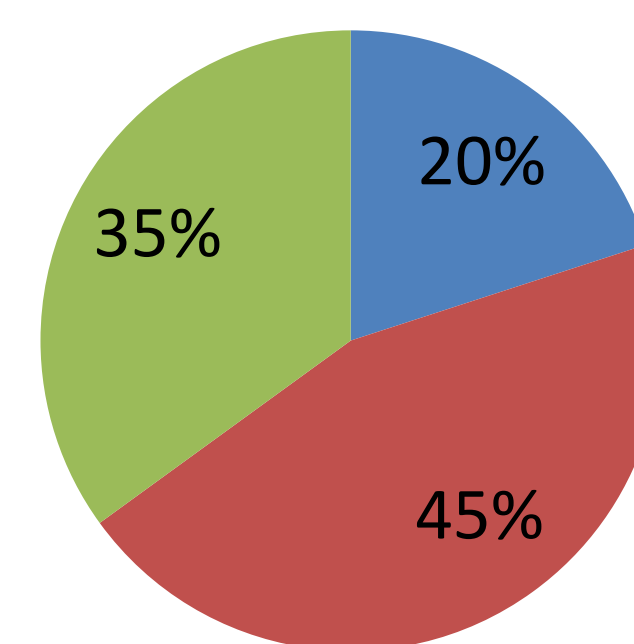
Prior to FY1, how confident did you feel about managing unconscious EOLC patients?



Following this teaching station, how confident would you feel assessing an unconscious EOLC patient?



Following this teaching session, how confident would you feel about managing an unconscious EOLC patients?



## Conclusions

The use of an ABCDE approach to assessing the dying patient appears to improve the confidence Junior Doctors have with this skill. Using a simulation approach to teaching allowed for effective demonstration and practise of this tool. This method, if taught to junior doctors, may lead to an improvement in symptom control in our dying hospital patients however, further research is needed.



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