Mercy Hospice Auckland

Acute haemorrhage or choking in terminal illness

Patients at risk include those with

- Head & neck carcinoma with potential to invade major blood vessels or compress airway
- Bronchial carcinoma with mediastinal nodes/invasion
- Gastro-oesophageal carcinoma
- Past history of GI bleeding

Recognition of patients at risk and a sensitive approach to the patient and relatives about the risk – **an infrequent event but which may be life threatening** – may lessen the impact of the event should it occur

In the event of a massive and obviously terminal bleed **patient support and non-drug interventions may be more important than immediate drug treatment**. The extent of blood loss will usually render the patient unconscious within minutes and time at the bedside may be more important than obtaining medication

An acute choking episode may be similarly distressing but may not lead immediately to unconsciousness. The need for sedative medication may be more urgent

Actions

Call for help
If possible nurse in recovery position
Apply direct pressure to bleeding area
Use coloured towels (blue by choice) to lessen the impact of blood loss

Drugs administered need to take account of currently prescribed medications and dosages
IV access may be difficult with peripheral shutdown
IM administration may be more effective than SC route in an acute bleed – administer as far away from peripheries as possible.

If drugs are charted for an emergency use the prescribed doses.

Otherwise use regular doses of **Morphine & Midazolam** until the patient is sedated.
Eg Morphine 5-10 mg & Midazolam 5 - 10 mg repeated till the patient is settled.

Such events occur infrequently and are always distressing for staff and families.
Debriefing and the offer of counselling support for staff and families at a later time may be useful