Bowel Obstruction and Delirium: Managing Difficult Symptoms at the End of Life

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Symptoms may be difficult to manage in patients with advanced cancer because of multifaceted etiologies; complex psychosocial patient and family dynamics; conflicting goals of care and treatment; and limited management options related to patient factors (e.g., medication allergies, comorbidities), high cost, and lack of access to care. Managing difficult symptoms often is a catalyst for palliative care consultation. Although palliative care often is believed to be synonymous with end-of-life care, its primary focus is on improving quality of life, maintaining optimal function, and offering the presence of hope, regardless of the stage of disease. Palliative care has become an essential element of oncology care as endorsed by the National Cancer Institute (2008), National Comprehensive Cancer Network (2012), and American Society of Clinical Oncology (Smith et al., 2012). This article presents a case study as an example of integrating palliative care and oncology care around management of bowel obstruction and delirium, two common symptoms seen in patients with advanced disease.

Palliative care acknowledges that symptoms disrupt function and create distress and suffering on many levels for both patients and their families. Comprehensive assessment of symptoms and suffering includes ascertaining relevant information about a patient’s background, values, family relationships, understanding of illness, goals of care, preferences for life-sustaining measures, and quality of life and optimizing function, as well as promoting pain and symptom management. This article focuses on the care of a patient experiencing bowel obstruction and delirium, two common issues in patients with advanced cancer, and demonstrates the integration of palliative care and oncology care to achieve an individualized care plan. Management focuses on identifying and treating reversible causes and improving quality of life while respecting the patient’s values and goals. Sometimes the causes are not easily identified or treatment of the cause may impair quality of life, at least temporarily. At other times, the causes may be irreversible and the focus is exclusively on quality of life. Determination of best care for individual patients requires synthesis of data from holistic assessment, including the patient’s goals of care and values, as well as knowledge of the patient’s disease state with evidence-based approaches to management.

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