



Hospice Case Study: Liver Disease

For patients with liver disease, our hospice care provides customized plans of care and palliation for optimal outcomes, with focus on clinical interventions for patient comfort, education and support for caregivers, and hospitalization reduction.

Mr. R is a 48 year old male admitted to hospice care with a primary diagnosis of liver disease and co-morbidities of hepatic encephalopathy, hypertension, gout, asthma, chronic generalized pain, anxiety, depression, and emotional lability. He is ambulatory but presented with compromised endurance. During the admission he was alert and oriented, however would stare off periodically, and was tearful and anxious throughout the visit. He reported a decreased appetite. His spouse reported increasing confusion, dropping objects, decreased coordination, and intermittent urinary incontinence. Mr. R reported pain an 8 out of 10, worsening at night. He had no prescribed pain medication. Before leaving the home, the hospice nurse obtained orders for Oxycodone to address his pain and Lorazepam to address observed anxiety. Mr. R requested nursing, social work, spiritual counseling, and volunteer services.

Due to presentation upon admission, nursing visits were initially scheduled three times weekly, decreasing to twice weekly once his pain was better managed. Mr. R developed a respiratory infection and despite effective treatment, bilateral wheezing and dyspnea continued throughout the course of care. Mr. R's appetite continued to decrease, pain increased, and he developed insomnia. His medications were adjusted to address his pain, ultimately reaching a tolerable level. Upon admission he was prescribed an antidepressant, which along with the addition of Lorazepam, helped with anxiety. Hydroxyzone HCL was added to assist with the insomnia.

At the social worker's initial evaluation Mr. R was very tearful about his prognosis and concerns about his financial future. The social worker assisted him in applying for disability and social security and connected him with community resources. Psychosocial concerns were contributing to Mr. R's anxiety, insomnia, and possibly physical pain. Social work visits were scheduled weekly and allowed time for extensive counseling with Mr. R and his wife, both individually and together. During these visits both began to vocalize their grief regarding the realization that their time together was limited. Mrs. R voiced emotional and physical fatigue. Throughout the counseling sessions Mr. and Mrs. R decided they wanted to sell their home and move to be closer to Mrs. R's sister. This move would provide financial relief, as well as provide Mrs. R with some physical assistance.

Our family of hospice care providers has a national network of hospice agencies, including an office located in the city where Mr. R planned to move. The staff ensured Mr. R's seamless transfer to the new hospice office. Although Mr. R continues to decline physically, he transferred to the new hospice office with his pain managed and his anxiety decreased. The new hospice office team will continue the work initiated by the admitting hospice office to ensure the physical needs of Mr. R and the emotional needs of both he and his wife are met.

Contact us to begin the hospice conversation or to address specific questions regarding hospice care for patients with liver disease. We Are Here.

Our Care Matters

- Mr. R's hospice care was provided in his home, where he lived with his wife.
- Pain and symptom management changes were made as needed for continued patient comfort.
- Social Work identified psychosocial concerns and provided counseling and support.
- Clinical interventions reduced the patient's pain, anxiety, and insomnia.

When Life Matters Most

- Social Work was paramount for Mr. R's care. Through counseling sessions he and his wife recognized concerns and were able to plan changes to help reduce stress and anxiety.
- Clinical and palliation interventions were adjusted as needed for improved outcomes and patient comfort, while also planning for the patient's move.
- Grief counseling helped identify caregiver fatigue and the care team addressed support options for the patient's spouse.
- Our national family of hospice care providers worked to ensure a patient and family's care continued seamlessly.