The Evolving Role of Palliative Care in the Trauma Patient (TH304)

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Objectives

- Review the current literature on the utilization of palliative care in the trauma patient.
- Describe the use of trigger tools for palliative care consultation using Surgical Injury Severity scores to assist in prognostication.
- Discuss our success in this area and explore with the audience best practices for the care of these severely injured patients.

Each year trauma accounts for 41 million ED visits, 2.3 million hospitalizations, and over 180,000 deaths in the United States. Trauma accounts for 30% of all life years lost in the United States as compared with cancer (16%) and heart disease (12%). Trauma is the leading cause of death in the 1–44 age group and the number three overall cause of death. The economic burden of trauma is staggering and is associated with a significant financial impact of over $406 billion in both healthcare costs and lost productivity. Trauma hospitalizations are associated with significant morbidity and mortality and lengthy ICU stays.

Trauma is a sudden event that often has a dramatic impact on the patient and family, leaving little time for decision making, acceptance, and grieving. These catastrophic events take a large toll on patients’ families, making goals-of-care discussions ever more complex and difficult.

Classification of the trauma patient utilizing the Trauma Injury Severity Score (TRISS) is helpful in determining the severity of the injury and identifying those with higher morbidity and mortality. Using this score as a trauma prognostication tool can help identify patients who would be most appropriate for palliative care consultation.

The literature reviewing the use of trigger tools for palliative care consultation in the trauma patient is only recently emerging. A recent article in this field by Mosenthal et al., “Integrating Palliative Care in the Surgical and Trauma Intensive Care Unit: A Report from the Improving Palliative Care in the Intensive Care Unit (IPAL-ICU) Project,” highlights that optimal use of trigger tools for palliative care consultations has not been standardized.

We will discuss how we have incorporated the latest evidence-based guidelines into formulating a trauma prognostication tool to assist in early identification of those patients and families who would most benefit from palliative care services.