

PICC e Cure Palliative

Paolo Cotogni

*SC Terapia del Dolore e Cure Palliative
(Direttore: Dr.ssa Anna De Luca)*

*SS Acute Palliative Care
(Responsabile: Dr. Paolo Cotogni)*



GAVeCeLT
Qualità Venosi Centro e Linea Torinese

XII PICC Day

Riunione monotematica annuale
dedicata ai PICC e ai Midline

Palazzo della Cultura e dei Congressi
Piazza della Costituzione 4

BOLOGNA

3 - 4 dicembre 2018

Cure Palliative





Cure Palliative



Cure Palliative

N Engl J Med 2015;373:747-55.

The NEW ENGLAND JOURNAL *of* MEDICINE

REVIEW ARTICLE

Edward W. Campion, M.D., *Editor*

Palliative Care for the Seriously Ill

Amy S. Kelley, M.D., M.S.H.S., and R. Sean Morrison, M.D.

Cure Palliative

BMJ 2017;356:j878 doi: 10.1136/bmj.j878 (Published 27 February 2017)

Page 1 of 5



ANALYSIS

Palliative care from diagnosis to death

Evidence is growing that people can benefit from palliative care earlier in their illness, say **Scott Murray and colleagues**, but care must be tailored to different conditions

Scott A Murray *professor*¹, M Kendall *social scientist*¹, G Mitchell *professor of general practice and palliative care*², S Moine *general practitioner*³, J Amblàs-Novellas *geriatrician*⁴, K Boyd *honorary senior clinical lecturer*¹

Cure Palliative



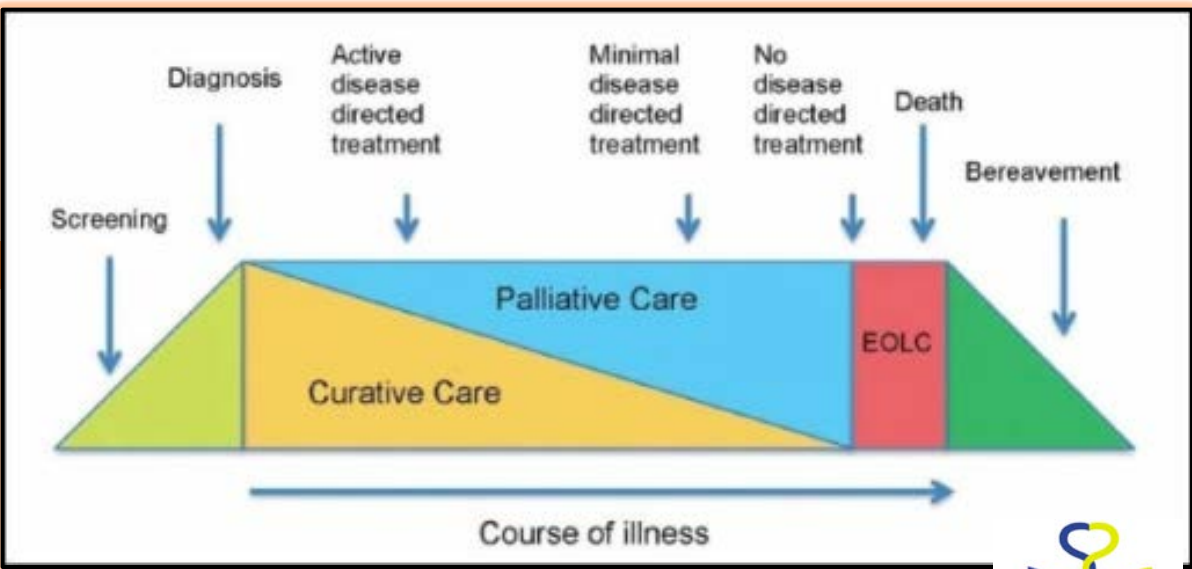
SIXTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA67.19

Agenda item 15.5

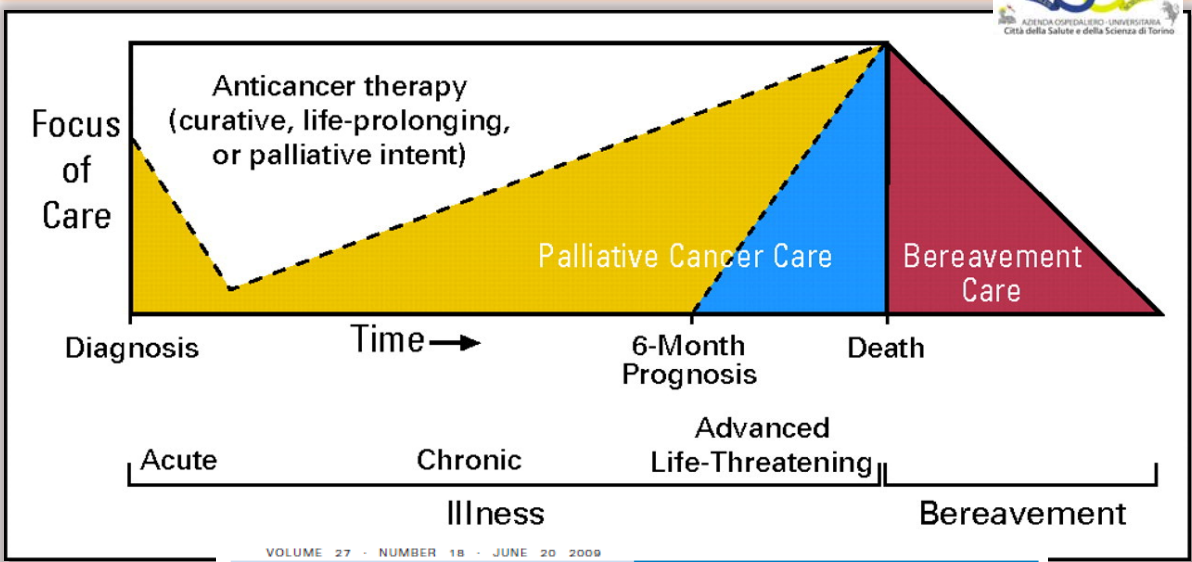
24 May 2014

**Strengthening of palliative care as a component of
comprehensive care throughout the life course**



DOCUMENTO AIOM-SICP

CURE PALLIATIVE PRECOCI E SIMULTANEE



VOLUME 27 · NUMBER 18 · JUNE 20 2009

JOURNAL OF CLINICAL ONCOLOGY

ASCO SPECIAL ARTICLE

2015

Palliative Cancer Care a Decade Later: Accomplishments, the Need, Next Steps—From the American Society of Clinical Oncology

Frank D. Ferris, Eduardo Bruera, Nathan Cherny, Charmaine Cummings, David Currow, Deborah Dudgeon, Nora Janjan, Florian Strasser, Charles F. von Gunten, and Jamie H. Von Roenn

Figure 4. Venous access device recommendations for infusion of non-peripherally compatible infusates.


Ann Intern Med. 2015;163:S1-S39. doi:10.7326/M15-0744 www.annals.org

Annals of Internal Medicine

SUPPLEMENT

The Michigan Appropriateness Guide for Intravenous Catheters (MAGIC): Results From a Multispecialty Panel Using the RAND/UCLA Appropriateness Method

Vineet Chopra, MD, MSc; Scott A. Flanders, MD; Sanjay Saint, MD, MPH; Scott C. Woller, MD; Naomi P. O’Grady, MD; Nasia Safdar, MD, PhD; Scott O. Trerotola, MD; Rajiv Saran, MD, PhD; Nancy Moureau, BSN, RN; Stephen Wiseman, PharmD; Mauro Pittiruti, MD; Elie A. Akl, MD, MPH, PhD; Agnes Y. Lee, MD, MSc; Anthony Courey, MD; Lakshmi Swaminathan, MD; Jack LeDonne, MD; Carol Becker, MHSA; Sarah L. Krein, PhD, RN; and Steven J. Bernstein, MD, MPH

Midline catheter			
PICC	PICCs rated as appropriate at all proposed durations of infusion		
Tunneled catheter	In patients with cancer, PICCs were rated as appropriate for irritant or vesicant infusion, regardless of duration.		Midline catheter and PICC for infusions ≥ 15 d
Port	For infusion of irritants or vesicants, such as parenteral nutrition or chemotherapy, PICC use was rated as appropriate at any proposed duration of use.		No preference among port, tunneled catheter, or PICC for ≥ 31 d

Appropriate Neutral Inappropriate Disagreement

Catheter-Related Complications in Cancer Patients on Home Parenteral Nutrition: A Prospective Study of Over 51,000 Catheter Days

Journal of Parenteral and Enteral
Nutrition
Volume 37 Number 3
May 2013 375-383
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for Parenteral and Enteral Nutrition
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online.sagepub.com



Paolo Cotogni, MD^{1,2}; Mauro Pittiruti, MD³; Cristina Barbero, MD¹;
Taira Monge, RD^{1,2}; Augusta Palmo, MD²; and Daniela Boggio Bertinet, MD²

Abstract

Background: Although home parenteral nutrition (HPN) is often indicated in cancer patients, many physicians are concerned about the risks potentially associated with the use of central venous access devices (VADs) in these patients. The aim of this prospective study was to investigate the actual incidence of VAD-related complications in cancer patients on HPN. *Methods:* All adult cancer patient candidates for VAD insertion and HPN were enrolled. The incidence of complications associated with 4 types of VADs (peripherally inserted central catheter [PICC], Hohn catheter, tunneled Groshong catheter, and port) was investigated, as well as the most significant risk factors. *Results:* Two hundred eighty-nine VADs in 254 patients were studied, for a total of 51,308 catheter-days. **The incidence of catheter-related bloodstream infections (CRBSIs) was low (0.35/1000 catheter-days), particularly for PICCs (0/1000; $P < .01$ vs Hohn and tunneled catheters) and for ports (0.19/1000; $P < .01$ vs Hohn and $P < .05$ vs tunneled catheters).** Mechanical complications were uncommon (0.8/1000), as was VAD-related venous thrombosis (0.06/1000). Ultrasound-guided venipuncture was associated with a decreased risk of CRBSI ($P < .04$) and thrombosis ($P < .001$). VAD securement using sutureless devices reduced the risk of CRBSI and dislocation ($P < .001$). Hohn catheters had no advantage over PICCs (higher complication rate and shorter dwell time; $P < .001$). *Conclusions:* In cancer patients, HPN can be safely carried out with a low incidence of complications. Also, VADs are not equal in terms of complication rates, and strict adherence to meticulous insertion policies may effectively reduce catheter-related complications. (*JPEN J Parenter Enteral Nutr.* 2013;37:375-383)

Peripherally Inserted Central Catheters (PICCs) in Cancer Patients Under Chemotherapy: A Prospective Study on the Incidence of Complications and Overall Failures

SERGIO BERTOGLIO, MD,^{1,2*} BEATRICE FACCINI, RN,³ LUCA LALLI, ScD,⁴ FERDINANDO CAFIERO, PMD,²
AND PAOLO BRUZZI, MD⁴

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⁴Clinical Epidemiology Unit, IRRCS San Martino—IST National Institute for Cancer Research, Genova, Italy



Total (n = 291)

Patients' Characteristics	n	%
Age		
<50	66	22.68
50–69	135	46.39
>70	90	30.93
Gender		
Male	87	29.90
Female	204	70.10
Pathology		
Brest cancer	109	37.46
Colon cancer	31	10.65
Lung cancer	32	10.65
Other	120	41.24
PICC indication		
Chemotherapy	153	52.58
Chemotherapy + TPN	75	25.77
Chemotherapy + palliative treatments	63	22.65
Type of chemotherapy		
Adjuvant treatment	92	31.62
Primary chemotherapy	23	7.90
Palliative chemotherapy	176	60.48



Peripherally inserted central catheters in non-hospitalized cancer patients: 5-year results of a prospective study

Paolo Cotogni • Cristina Barbero • Cristina Garrino • Claudia Degiorgis •
Baudolino Mussa • Antonella De Francesco • Mauro Pittiruti

Results Two hundred sixty-nine PICCs in 250 patients (98 % with solid malignancies) were studied, for a total of 55,293 catheter days (median dwell time 184 days, range 15–1,384). All patients received HPN and 71 % received chemotherapy during the study period. The incidence of catheter-related bloodstream infections (CRBSIs) was low (0.05 per 1,000 catheter days), PICC-related symptomatic thrombosis was rare (1.1 %; 0.05 per 1,000 catheter days), and mechanical complications were uncommon (13.1 %; 0.63 per 1,000 catheter days). The overall complication rate was 17.5 % (0.85 per 1,000 catheter days) and PICCs were removed because of complications only in 7 % of cases. The main findings of this study were that, if accurately managed, PICCs can be safely used in cancer patients receiving chemotherapy and/or HPN, recording a low incidence of CRBSI, thrombosis, and mechanical complications; a long catheter life span; and a low probability of catheter removal because of complications.

Conclusions Our study suggests that PICCs can be successfully utilized as safe and long-lasting venous access devices in non-hospitalized cancer patients.

Cure di fine vita

NICE National Institute for
Health and Care Excellence



evidence
open access journal published by the GIMBE Foundation

Best Practice

OPEN

Linee guida per l'assistenza agli adulti nel fine vita

Antonino Cartabellotta^{1*}, Silvia Varani², Raffaella Pannuti²

¹Medico, Fondazione GIMBE, ²Fondazione ANT Onlus, Bologna

Evidence | www.evidence.it

Giugno 2016 | Volume 8 | Issue 6 | e1000143

Care of dying adults in the last days of life

Quality standard
Published: 2 March 2017
nice.org.uk/guidance/qs144



Defining the palliative care patient: A systematic review

Palliative Medicine

27(3) 197–208

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DOI: 10.1177/0269216311435268

pmj.sagepub.com



Wouter Van Mechelen *Academic Center for General Practice, K.U.Leuven, Belgium*

Results: Half of the non-cancer studies were excluded because they did not relate to palliative care. We conclude that published RCTs have no clear definitions of their palliative care patients and illustrate the diversity of this patient, the lack of consensus concerning the attributes of illnesses needing palliation and the ambiguous use of the adjective ‘palliative’.

In the literature, however, as shown by Pastrana et al., no consensus exists about the attributes of palliative care patients’ illness (progressive, incurable, far-advanced or just advanced, life-threatening and/or active).³

Cure Palliative

19-3-2010

GAZZETTA UFFICIALE DELLA REPUBBLICA ITALIANA

Serie generale - n. 65

LEGGI ED ALTRI ATTI NORMATIVI

LEGGE 15 marzo 2010, n. 38.

Disposizioni per garantire l'accesso alle cure palliative e alla terapia del dolore.

- La Rete Locale di Cure Palliative è un'aggregazione funzionale ed integrata delle attività di Cure Palliative erogate **in ospedale, in Hospice, al domicilio ed in altre strutture residenziali**, in un ambito territoriale definito a livello regionale

The National GSF Centre's guidance for clinicians to support earlier identification of patients nearing the end of life leading to improved proactive person-centred care

GSF PIG 6th Edition Dec 2016 K Thomas, Julie Armstrong Wilson and GSF Team, National Gold Standards Framework Centre in End of Life Care

Definition of End of Life Care General Medical Council, UK 2010

People are 'approaching the end of life' when they are **likely to die within the next 12 months**. This includes people whose death is imminent (expected within a few hours or days) and those with:

Advanced, progressive, incurable conditions

General frailty and co-existing conditions that mean they are expected to die within 12 months

Existing conditions if they are at risk of dying from a sudden acute crisis in their condition

Life-threatening acute conditions caused by sudden catastrophic events.

The GSF Prognostic Indicator Guidance

The National GSF Centre's guidance for clinicians to
support earlier recognition of patients nearing the end of life

Predicting needs rather than exact prognostication.

This is more about meeting **needs** than giving defined timescales. The focus is on anticipating patients' likely needs so that the right care can be provided at the right time. This is more important than working out the exact time remaining and leads to better proactive care in alignment with preferences.

Cure Palliative

□ Bisogni



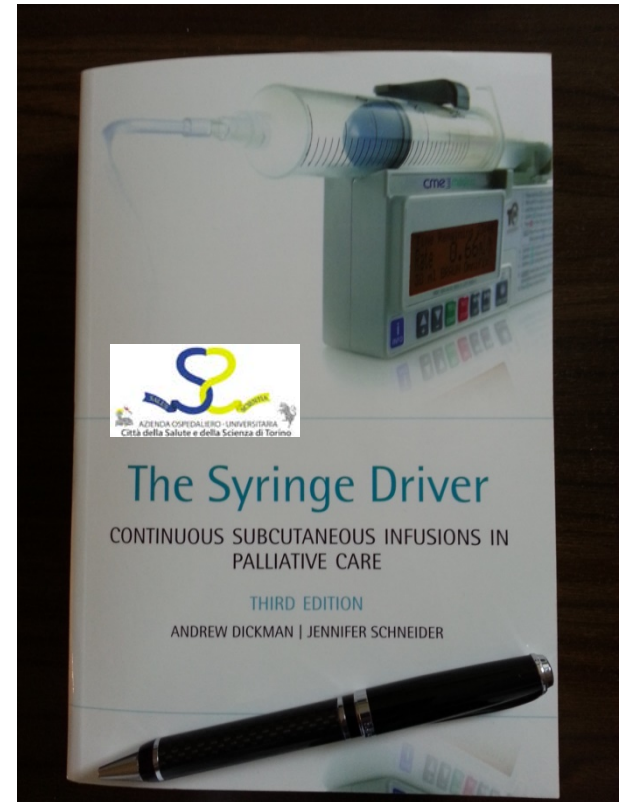
Cicely Saunders (1918 – 2005)

Tablelle dei farmaci per infusione endovena

Mitomycin	SW@ 0,5mg/ml	6-8,0	9		MITOMICIN C
Mitoxantrone	NS@ 0,2mg/ml	3-4,5	300	SI	NOVANTRONE
Morphine Sulfate	NS 10mg/ml	4(2,5-6,0)	295	SI	MORFINA
Nafcillin 1-3gm	NS 100ml	6-8,5	361-398	SI	
Nafcillin 1-2gm Frozen	Dextrose 50ml	6,7-7,2	276-324	SI	
Nicardipine	NS@ 0,1mg/ml	3,5	300		CARDIOTEN
Octreotide	SW@ 0,5mg/ml	3,9-4,5	279		LONGASTATINA
Ofloxacin	D5W@ 4mg/ml	3,8-5,8	252		EXOCIN
Ondansetron	D5W 32mg/50ml	3,3-4	270		ZOFRAN
Oxacillin 1gm	SWI 10ml	6-8,5	398	SI	PENSTAPHO
Oxacillin 1-2gm	NS 100ml	6-8,5	321-356	SI	
Oxacillin 1-2gm Frozen	Dextrose 50ml	6,8-7,2	270-324	SI	
Paclitaxel	D5W@ 0,3-1,2mg/ml	4,4-6,5			TAXOL
Pamidronate	NS@0,09mg/ml	6-7,4	300	SI	
Pantoprazole 40mg	NS 100ml	9,0-10	295		PANTORC
Parenteral Nutrition	Amino acids-dextrose-fat	5,5	> 600	SI	NPT
Parenteral Nutrition	Amino acids-dextrose	5,3-6,3	> 800	SI	
Penicillin GK 1-3 MU Frozen	Dextrose 50ml	6,8-7,2	276-324		PENNICILLINA
Penicillin GK or Na	NS@ 50units/ml	7(6-8,5)	420		
Pentamidine IVPB	D5W@< 3mg/ml	4-4,4	455	SI	PENTACARINAT
Phenytoin	NS@ 5mg/ml	12	212	SI	

Farmaci e Cure Palliative

□ Peculiarità



Infusione sottocutanea di farmaci

Vol. 22 No. 6 December 2001

Journal of Pain and Symptom Management 1027


Original Article

Continuous Subcutaneous Infusion Practices of United States Hospices

Christopher M. Herndon, PharmD, BCPS and David S. Fike, MS

*Department of Clinical Affairs (C.M.H.), Ortho McNeil Pharmaceutical, Inc., O'Fallon, Illinois, and
School of Pharmacy (D.S.F., C.M.H.), Texas Tech University Health Sciences Center, Amarillo, Texas, USA*

Safety and Efficacy of Subcutaneous Parenteral Nutrition in Older Patients: A Prospective Randomized Multicenter Clinical Trial

Journal of Parenteral and Enteral Nutrition
Volume 41 Number 7
September 2017 1222–1227
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DOI: 10.1177/0148607116629790
journals.sagepub.com/home/pen



Gary P. Zaloga, MD¹; Alessandro Pontes-Arruda, MD, PhD¹;
Véronique Dardaine-Giraud, MD²; Thierry Constans, MD^{3,4};
for the Clinimix Subcutaneous Study Group

Review

 LEADING THE SCIENCE AND PRACTICE OF CLINICAL NUTRITION
American Society for Parenteral and Enteral Nutrition

Subcutaneous Infusion of Fluids for Hydration or Nutrition: A Review

Riccardo Caccialanza, MD¹; Thierry Constans, MD²; Paolo Cotogni, MD, MSc³;
Gary P. Zaloga, MD⁴; and Alessandro Pontes-Arruda, MD, MSc, PhD, FCCM⁵

Journal of Parenteral and Enteral Nutrition
Volume 42 Number 2
February 2018 296–307
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DOI: 10.1177/0148607116676593
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VS.



Rischio di interazione tra farmaci

Vol. 35 No. 5 May 2008

Journal of Pain and Symptom Management 535

Original Article

Potential Drug Interactions in Cancer Patients Receiving Supportive Care Exclusively

Rachel P. Riechelmann, MD, Camilla Zimmermann, MD, MPH, Sheray N. Chin, MD, Lisa Wang, BSc, Aoife O'Carroll, MD, Sanaz Zarinehbab, MD, and Monika K. Krzyzanowska, MD, MPH

Departments of Medical Oncology and Hematology (R.P.R., S.N.C., A.O., M.K.K.), Psychosocial Oncology and Palliative Care (C.Z., S.Z.), and Biostatistics (L.W.), Princess Margaret Hospital, University of Toronto, Toronto, Ontario, Canada

Rischio di interazione tra farmaci

ORIGINAL RESEARCH ARTICLE

Drug Saf 2012; 35 (9): 745-758
0114-5916/12/0009-0745/\$49.95/0

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Drug Interactions in Dying Patients A Retrospective Analysis of Hospice Inpatients in Germany

Sebastian Frechen,^{1,2} Anna Zoeller,¹ Klaus Ruberg,^{3,4} Raymond Voltz^{1,5,6} and Jan Gaertner^{1,5,6}

1 Department of Palliative Care, Cologne University Hospital, Cologne, Germany

2 Department of Pharmacology, Clinical Pharmacology, Cologne University Hospital, Cologne, Germany

Physical compatibility of binary and ternary mixtures of morphine and methadone with other drugs for parenteral administration in palliative care

Materials

Massimo Destro • Luca Ottolini • Lorenza Vicentini •
Silvia Boschetti

The drugs examined were ampoules of:

1. Morphine hydrochloride (10 mg/ml; SALF S.p.A.),
2. Methadone hydrochloride (10 mg/ml; Eptadone[®], Molteni & C. F.lli Alitti S.p.A.),
3. Ketorolac tromethamine (30 mg/ml; Toradol[®], Recordati),
4. Diclofenac sodium salt (75 mg/ml; Diclorem[®], Alfa Wassermann),
5. Metoclopramide hydrochloride (10 mg/2 ml; Plasil[®], Gruppo Lepetit S.r.l.),
6. Haloperidol lactate (2 mg/ml; Aloperidolo, SALF S.p.A.),
7. Dexamethasone sodium phosphate (4 mg/ml; Desame-tasone fosfato, Hospira Italia S.r.l.),
8. Hyoscine butylbromide (20 mg/ml; Buscopan[®], Boeh-ringer Ingelheim S.p.A.), and
9. Sodium chloride (0.9%) obtained from B. Braun, Milano S.p.A..

Patients' and Relatives' Perceptions About Intravenous and Subcutaneous Hydration

Sebastiano Mercadante, MD, Patrizia Ferrera, MD, Davide Girelli, MD,
and Alessandra Casuccio, BS

*Pain Relief and Palliative Care (S.M., P.F., D.G.), Palliative Medicine (S.M.), Department
Ophthalmology (A.C.), University of Palermo, Palermo, Italy*

Indications for Hydration

Clear signs of dehydration

Nausea/vomiting

Opioid toxicity

Diarrhea

Other than technical considerations, which can be variable according to the clinical setting, the perceived benefits of artificial hydration by the caregivers and patients are central to the ethical, emotional, and cultural considerations involved in their decision making.

Most patients and relatives surveyed accepted and were in favor of intravenous hydration. J Pain Symptom Manage 2005;30:354–358. © 2005 U.S.

Artificial nutrition and hydration in the last week of life in cancer patients. A systematic literature review of practices and effects

N. J. H. Raijmakers^{1,2*}, L. van Zuylen², M. Costantini³, A. Caraceni⁴, J. Clark⁵, G. Lundquist⁶, R. Voltz^{7,8}, J. E. Ellershaw⁹ & A. van der Heide¹ on behalf of OPCARE9

Annals of Oncology 22: 1478–1486, 2011

Conclusions: Providing AN or AH to cancer patients who are in the last week of life is a frequent practice. The effects on comfort, symptoms and length of survival seem limited. Further research will contribute to better understanding of this important topic in end-of-life care.

Lights and shadows of palliative sedation in Italy: the role of anesthetists

L. ORSI (*Minerva Anestesiologica* 2015;81:937-39)

TABLE IV.—*Characteristics of deep sedation.*

	N.	%
Artificial nutrition/hydration during deep sedation		
Yes	183	74.4
No	63	25.6

The high prevalence (74.4%) of artificial nutrition/hydration during the last days is consistent with these data.

La Nutrizione Parenterale non è raccomandata in pazienti con:

- ✓ *aspettativa di vita inferiore ai 2 mesi*
- ✓ *performance status: Karnofsky score <50 (ECOG 3-4)*
- ✓ *sintomi non controllati (refrattari a terapia)*
- ✓ *grave insufficienza d'organo*
- ✓ *rifiuto del/della paziente*



CVCs in Home Care

Central Venous Catheters in Home Infusion Care: Outcomes Analysis in 50,470 Patients

Nancy Moureau, BSN, CRNI,¹ Susan Poole, MS, CRNI, CNSN,¹ Margie A. Murdock, RN, MSN,¹
Sarah M. Gray, PhD, and Charles P. Semba, MD¹

J Vasc Interv Radiol, 2002

- April 1999 to September 2000 (National Database)
- 2.83 million catheter days
- **PICC (51%)**; Tunneled (17%); Port (16%); Midline (11%); Non-tunneled (6%)
- Complications (per 1,000 catheter days): PICC (2.0); Tunneled (1.0); Port (0.52); Midline (4.5); Non-tunneled (1.1)

Use of Medical Devices in Hospice for Symptom Management

Mount Sinai Beth Israel Medical Center, New York, NY, USA

Nidhi Shah, MD¹, Peter Homel, PhD², and Jennifer Breznay, MD, MPH³

American Journal of Hospice

& Palliative Medicine®

2016, Vol. 33(10) 929-934

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DOI: 10.1177/1049909115600856

ajhpm.sagepub.com



Table 1. Use of Medical Devices as a Function of Condition.

Medical device	Pain at first assessment (n = 1879)	No pain at first assessment (n = 2311)	P value
IV infusion pump	94 (5%)	85 (3.68%)	.03
Use of patient controlled analgesia	97 (5.16%)	53 (2.29%)	<.001
Use of ambulatory infusion pump	21 (1.12%)	24 (1.04%)	.8
Use of Urinary Catheters	671 (35.67%)	734 (31.87%)	.009
Use of ostomy (presence of colostomy or ileostomy)	85 (4.52%)	73 (3.16%)	.02
	Report of end stage restlessness (n = 1085)	No report of end stage restlessness (n = 3561)	
Use of IV infusion pump	70 (6.45%)	141 (3.96%)	<.001
Use of patient controlled analgesia	56 (5.16%)	106 (2.98%)	<.001
Use of oxygen	727 (67%)	2066 (58.02%)	<.001
Use of blood glucose monitoring	72 (6.64%)	217 (6.09%)	.5
	Report of uncontrolled pain (n = 72)	No report of uncontrolled pain (n = 888)	
Use of IV infusion pump	6 (8.33%)	31 (3.49%)	.04
Use of patient controlled analgesia	4 (5.56%)	25 (2.82%)	.2
	Report of Difficulty breathing (n = 2104)	No report of difficulty breathing (n = 2542)	
Use of oxygen	1556 (73.95%)	1237 (48.66%)	<.001
Use of metered dose inhaler	218 (10.36%)	118 (4.64%)	<.001
Use of apnea monitor	7 (0.33%)	0	.003
Use of CPAP	19 (0.9%)	14 (0.55%)	.2
	Report of anorexia (n = 1063)	No report of anorexia (n = 3583)	
Use of parenteral IV (TPN)	1 (0.09%)	16 (0.45%)	.09
	Report of ≥stage 2 pressure ulcer, n = 850	No report of pressure ulcer, n = 256	
Use of pressure relieving device	467 (54.94%)	110 (42.97%)	<.001
	Report of new lesion/ulcer/wound infection, n = 66	No report of new lesion/ulcer/wound infection, n = 894	
Use of pressure relieving device	13 (19.7%)	196 (21.92%)	.7
	Use of enteral equipment, n = 204	No use of enteral equipment, n = 4683	
Use of parenteral IV (TPN)	4 (1.96%)	43 (0.47%)	.003

Abbreviations: CPAP, continuous positive airway pressure; IV, intravenous; TPN, total parenteral nutrition.

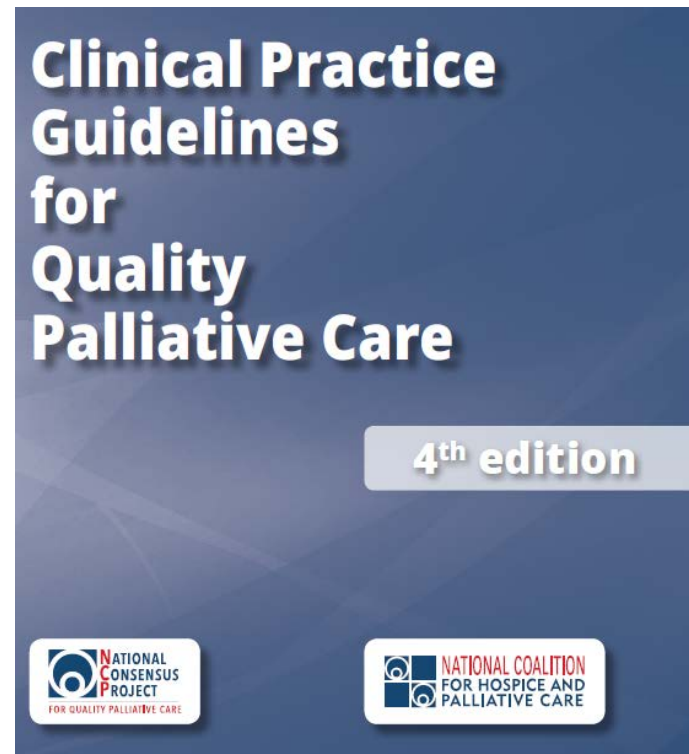
Cure palliative

NICE National Institute for
Health and Care Excellence



Care of dying adults in the last days of life

Quality standard
Published: 2 March 2017
[nice.org.uk/guidance/qs144](https://www.nice.org.uk/guidance/qs144)



National Consensus Project for Quality Palliative Care. Clinical Practice Guidelines for Quality Palliative Care, 4th edition. Richmond, VA: National Coalition for Hospice and Palliative Care; 2018. <https://www.nationalcoalitionhpc.org/ncp>.

Patient-Reported Usefulness of Peripherally Inserted Central Venous Catheters in Terminally Ill Cancer Patients

Rie Yamada, MD, Tatsuya Morita, MD, Eiko Yashiro, MD, I Koji Amano, MD, Yo Tei, MD, and Satoshi Inoue, MD
Hospice (R.Y.), Shirone Ohdori Hospital, Niigata; Department of Palliat (T.M.), Palliative Care Team (T.M.) and Seirei Hospice (H.O., K.A., Y. General Hospital, Hamamatsu; and Department of Anesthesiology (E.Y.) Medicine, Chiba University, Chiba, Japan

Patient-Reported Procedure-Related Distress, Comfort, and Convenience after PICC Placement

	% (n)
Procedure-related distress	
Not distressing	68 (17)
Slightly distressing	8 (2)
Distressing	24 (6)
Patient-perceived changes in comfort and convenience	
Comfort	
More comfortable	94 (16)
No change	6 (1)
A little discomfort	0 (0)
Uncomfortable	0 (0)
Convenience	
More convenient	94 (16)
No change	6 (1)
A little inconvenient	0 (0)
Inconvenient	0 (0)

Results. Among 219 patients admitted to a palliative care unit during the one-year study period, 39 (18%) patients underwent a PICC insertion trial (a total of 44 procedures were performed because five patients underwent PICC insertion twice). Of the 44 procedures, 38 (86%) were successful, requiring a mean of 23 ± 7.9 minutes, without serious procedure-related complications. Patient-

Quality of Life, Pain Perception, and Distress Correlated to Ultrasound-Guided Peripherally Inserted Central Venous Catheters in Palliative Care Patients in a Home or Hospice Setting

Roberto Bortolussi, MD, Paola Zotti, PhD, Maria Conte, MD, Rita Marson, RN, Jerry Polesel, ScD, Annamaria Colussi, RN, Donatella Piazza, RN, Gianna Tabaro, BSc, and Simon Spazzapan, MD
Palliative Care and Pain Therapy Unit (R.B.), Psycho-Oncology Unit (P.Z.), Epidemiology and Biostatistics Department (J.P.), and Clinical Trials Office (A.C., G.T., S.S.), CRO Aviano National Cancer Institute, Aviano; Hospice "Il Gabbiano" (M.C., D.P.), San Vito al Tagliamento; and Hospice Via di Natale "Franco Gallini" (R.M., S.S.), Aviano, Italy


Perception of Distress and Pain During PICC Positioning and at Follow-Up

Results. From May 2012 to July 2013, 48 patients were enrolled in the study.

	<i>n</i>	% (95% CI)
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	<i>n</i>	% (95% CI)
Was the PICC positioning a distressing experience?		
No	40	83.3 (72.8–93.9)
A little	6	12.5 (3.1–21.9)
→ Quite a lot	1	2.1 (0.0–6.1)
Very much	1	2.1 (0.0–6.1)
Did you experience pain during PICC positioning?		
No	37	77.1 (65.2–89.0)
A little	8	16.7 (6.1–27.2)
→ Quite a lot	3	6.3 (0.0–13.1)
Very much	0	0.0 (—)
Distress at follow-up		
No	41	85.4 (75.4–95.4)
A little	7	14.6 (4.6–24.6)
Quite a lot	0	0.0 (—)
Very much	0	0.0 (—)
Pain at follow-up		
No	45	93.8 (86.9–100)
A little	2	4.2 (0.0–9.8)
Quite a lot	1	2.1 (0.0–6.1)
Very much	0	0.0 (—)

Safety, efficacy, and patient-perceived satisfaction of peripherally inserted central catheters in terminally ill cancer patients: a prospective multicenter observational study

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Conclusions PICCs were safely inserted and showed favorable maintenance rate with acceptable complications. Additionally, most of the patients felt that parenteral access became much comfortable after PICC insertion. When considering the characteristics of terminally ill cancer patients, poor general condition and a limited period of survival, PICC could be a safe and effective method for intravenous access.

PICC e Cure Palliative

*‘The goal of intravenous therapy is to complete the therapy
without complications’*

(Nancy Moureau, Intravenous Nurses Society, INS)



- ❑ **The choice of vascular access device should be patient-oriented:**
 - the ‘right’ VAD
 - in the ‘right’ patient
 - at the ‘right’ time

- ❑ **PICC** can be **safely** managed without expecting a relevant incidence of catheter-related complications