



Antibiotics in Hospice Care

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A blue banner at the top of the slide features the text "HOSPICE BY THE BAY" in white, with a stylized logo to the left. The background of the banner shows a vineyard and a suspension bridge.

Objectives

- Understand the goal of hospice care is for the comfort of the patient, rather than for increased survival
- Consider when antibiotics help with symptom relief
- Understand which infections can be treated for symptom relief without antibiotics
- Review the most common antibiotics used in hospice
- Understand the importance of patient/family involvement in decision making surrounding antibiotics



In a national study, 27% of hospice patients received antibiotics in the last seven days of life!

Albrecht et al, *Journal of Pain and Symptom Management*, 2013



Common Infections in Hospice Care

- Bronchitis
- Pneumonia
- *C. difficile*
- Cellulitis
- Urinary Tract Infection
- Conjunctivitis



Questions to ask

- Is the infection a public health risk?
- Is the patient suffering?
- What are the patient's goals of care regarding survival?
- If the patient is suffering, are there non-antibiotic options for symptom relief? And are they comparable?

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Is the Infection a Public Health Risk?

- Chicken pox
- Influenza
- *C.diff*

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Is the Patient Suffering?

- Often the family or caregivers are concerned about an infection that the patient is not bothered by.
- Sometimes an infection is a “nice way to go” and therefore should not be interfered with so long as the patient is comfortable.
- This can be a tough concept for family and caregivers to come around to; it is hard to dispel the common assumption in our culture that infections must be treated.
- Our staff are taught to bring the conversation back to whether the patient is suffering at every discussion and every topic; it is the heart of hospice care.

What are the Patient's Goals of Care?

- There is an assumption that once a patient has elected the hospice benefit, they no longer want aggressive, life prolonging treatment.
- An infection is a good time to revisit these goals.
- In this discussion, however, even if a patient wants to pursue aggressive treatment with an antibiotic, it is the responsibility of the prescribing provider to educate regarding whether the antibiotics will actually help. That is, are we just doing something to do something?
- A patient who wants aggressive care, has the right to revoke hospice services and receive intravenous antibiotics at any time.

Are there non-antibiotic treatments that could relieve symptoms?

- Opioids are good cough suppressants, and certainly work faster than treating bronchitis or pneumonia with antibiotics.
- Pyridium is a vitamin that can help with bladder pain and dysuria in urinary tract infections, though it can stain clothing and sheets and does not treat the CNS effects of an upper UTI.
- Tylenol, ibuprofen and other antipyretics can help with fevers and chills.
- Haldol is a great medication when an infection is causing hallucinations or agitation.
- Elevation of an infected limb can help with pain and discomfort.

What is considered “aggressive care” in hospice regarding antibiotics?

- IV antibiotics
- Prophylactic medications (such as PCP prophylaxis in HIV infected individuals)
- Long term courses of antibiotics for fungal or bacterial infections
- NOTE: The hospice care must not interfere with the natural course of the disease, however we can make exceptions for symptom management reasons. Therefore, the above is a guideline, not a rule, and requires discussion with the patient/family/hospice team.

Antibiotics Used in Hospice

- Bronchitis: Trimethoprim-Sulfa DS BID X 14 days or Zpak 5 days (alt. amox or doxy)
- Pneumonia: Zpak 5 days or Doxycycline 100mg BID X 10days
- C. diff: Metronidazole 500mg TID X 10days (alt. vanco)
- Cellulitis: Amoxicillin 500mg TID X 14 days (alt. clinda)
- UTI: Trimethoprim-Sulfa DS BID X 3 days (alt. Cipro)
- Conjunctivitis: Gentamycin ophthalmic QID X 7days (alt. polymyxinB/trimethoprim)

The top of the slide features a blue-tinted background image. On the left, there's a view of a vineyard with rows of grapevines. On the right, a building with the text 'HOSPICE BY THE BAY' is visible. The logo for Hospice by the Bay, which includes a stylized figure, is also present in the top right corner of the image area.

How to Talk About Whether to Use Antibiotics

- Often the conversation goes: You have pneumonia and the doctor recommends a Zpak.
- Instead, it is better to discuss what the course will look like with or without antibiotics.
- Include the symptoms, the outcome, the side effects and risks.
- Let the patient decide. If you've done your job educating, the patient will make a decision that best matches what's best for his comfort and goals.

The top of the slide features a blue-tinted photograph of a building with the text "HOSPICE BY THE BAY" and a logo. The logo consists of a stylized eye or wave shape. The building is partially obscured by a fence in the foreground.

CASE #1

MR is a 83 year old man with Alzheimer's Dementia. A week ago he began hallucinating. The family did not call the hospice until today when he began searching the house trying to find the keys to his car. He was turning everything upside down and emptying all drawers. In a panic, the wife called 911. By the time, the nurse met them in the ER, an Xray showed pneumonia and a bag of antibiotics was already hung for the patient. The wife said she just wanted her husband to be comfortable and she was okay if her husband died of pneumonia. She just didn't know what else to do but to call 911.



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CASE #1, Question 1:

Do elderly patients with an infection always present with a fever?

- Yes
- No



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CASE #1, Question 2:

Would you treat this patient with an antibiotic if the caregiver contacted the hospice first?

- Yes
- No

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CASE #1, Question 3:

If you are going to treat this patient with an antibiotic, which antibiotic will you choose?

- Bactrim DS PO BID x 14 days
- Azithromycin PO 500mg day 1 and 250mg x 4 days
- Ciprofloxacin PO 250mg BID x 3 days
- Levofloxacin IV 750mg QD x 5 days

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CASE #1, Question 4:

What could you have done to prevent this ER visit?

- Provide more routine education to caregiver on when to contact hospice provider
- Provide 24/7 hospice nurse hotline
- Stick the hospice phone number on the refrigerator for the caregivers

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CASE #2

A 98 year old woman lives in a nursing home with COPD. She recently has become confused, combative and grimacing in pain. The staff in the facility say that this happened before and she responded to Ciprofloxacin.

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CASE #2, Question 1:

Would you treat this patient with an antibiotic?

- Yes
- No

A 98 year old woman lives in a nursing home with COPD. She recently has become confused, combative and grimacing in pain. The staff in the facility say that this happened before and she responded to Ciprofloxacin.

CASE #2, Question 2:

Would you recommend a prescription of Ciprofloxacin for this patient?

- Yes
- No

A 98 year old woman lives in a nursing home with COPD. She recently has become confused, combative and grimacing in pain. The staff in the facility say that this happened before and she responded to Ciprofloxacin.

CASE #2, Question 3:

Before considering a prescription of Ciprofloxacin, what would you do first?

- Urinalysis (UA)
- Chest Xray
- Assess pain
- Discuss the goals of care with the family member
- Consider antipsychotics



Thank You!

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