Frontiers in Palliative Medicine

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Complex Cases of Heart and Lung Disease

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OhioHealth

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Learning Objectives

- **Contrast the experience of advanced heart and lung disease with that of advanced cancer**

- **Apply the phrase**
  " Hope for the Best, Plan for the Worst "
  to manage patients and families with advanced heart and lung disease

- **Identify a strategy for managing common coping styles that impede timely care planning**

Case 1…

- **53 yo m with CHF,
  frequent hospitalizations
  Intubated with last hospitalization**

- **Atrial Fibrillation on coumadin**

- **Non-adherent with diuretics at home**

…Case 1

- **Living in nephew's disabled jeep behind the Subway w nephew and pit bull**

- **Embarrassed to urinate near the dumpster with diuretics**

- **Not limiting oral fluids**

Case 2

- **56 yo man with alcoholic cirrhosis Child's Class C**

- **When hospitalized and taking lactulose, coherent, avoids prognostic discussions**

- **When home, doesn't take lactulose, encephalopathic**

- **Girlfriend ' enmeshed '**

Case 3…

- **89 yo M w Hx severe CAD s/p CABG and numerous stents**

- **Now has ischemic cardiomyopathy EF 20 %**

- **COPD, long history of tobacco abuse**

- **Admitted with dyspnea, found to have acute CHF exacerbation and renal failure**

…Case 3…

- **Rx high dose furosemide and dobutamine. His symptoms improve**

- **Each time his cardiologist attempts to wean medicines, his dyspnea worsens**

- **When morphine is suggested "I don't need any of that stuff quite yet "**

…Case 3

- **Oxygen used to help with his dyspnea**

- **Now even on 6L NC he still feels dyspneic with any activity even transferring from bed to chair**

Case 4

- **76 yo F w COPD, CHF Pulmonary HTN Obstructive sleep apnea**

- **Progressive dyspnea**

- **COPD exacerbations lead to hospitalizations**

- **Lives alone and likes it that way**

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Gandhi… *You need to be the change you want to see in the world…*