Complex Cases of Heart and Lung Disease

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