Unit: McCulloch House, Supportive and Palliative Care Unit

Overview of Unit:

The Supportive and Palliative Care Unit's responsibilities include:

• Inpatient/Hospice beds at McCulloch House (McCH): a purpose built 16-bed palliative care unit located on the Clayton campus of Monash Medical Centre. The vision is to provide optimal clinical care to patients and their families within an academic multidisciplinary unit, which has a substantial education and research focus.

Patients are admitted to McCH under one of the following reasons:

- Symptom control, including psychosocial and spiritual support
- End of Life care
- Assessment
- Respite (pre-arranged for a designated duration usually 1-2 weeks)

The McCH monthly averaged statistics show:

Admissions	30-50
Discharges	40
Length of stay	9.8
Number of deaths	21.4

- A bi-disciplinary (medical and nursing) Palliative Care Consult Service with designated teams at:
 - (a) Clayton campus
 - (b) Moorabbin (Oncology) campus
 - (c) Dandenong campus
 - (d) Kingston campus
 - (e) Casey campus.

The service sees over 1,500 patients per year. The 2009 figures showed a 70:30, malignant versus non-malignant split, and 40% CALD.

- Teaching and Research as part of the Faculty of Medicine, Nursing and Health Sciences, Monash University.
- Representation on relevant hospital, university, state and national committees.
- Informal co-operation with the three local domiciliary palliative care services viz:
 - Palliative Care South East
 - Eastern Palliative Care (EPC) and
 - Bethlehem Community Palliative Care Service (BPCS)
- Memorandum of Understanding with Gippsland Regional Palliative Care Consortium/WGHG for support and education.





Key Staff:

Name	Role	Contact/Pager
A/Prof Peter Poon	Director & Palliative Medicine Specialist	0425 161 373
A/Prof Michael Franco	Palliative Medicine & Oncology Specialist	0411 165 217
Dr Jaclyn (Jackie) Yoong	Palliative Medicine & Oncology Specialist	0498 107 168
Dr Fiona Runacres	Palliative Medicine Specialist	0414 756 505
Dr Esther Lin	Palliative Medicine & Oncology Specialist	0403 360 309
Dr Scott King	Palliative Medicine Specialist	0404 045 898
Dr Matthew Dellit	Palliative Medicine Fellow	0416 026 093
Linda Jay	Personal Assistant to Director	x45347
Janet Walker	NUM	x45357
Mignonne Meerwald	Ward Clerk	x45320
Mardi Sheahan	Pastoral Care	x45358 or #4873
Jo Wood	Social Work	x45345 or #035
Jade Hudson	Research Assistant	X44846
Laura Green	Volunteer Coordinator/Care Connect	X44677
Jaye Thompson	Music Therapist	x45311
	Pharmacist	Pager #4443
	Physiotherapist	Pager #179
Emma Belcher	Occupational Therapist	Pager #4155
	Speech Pathologist	Pager #4376
Dr Scott King	OncoPain Clinic	Fax 9928 8853

Useful contact numbers:

 Unit Phone:
 9594 5320

 Unit Fax:
 9594 6092

 Doctor's room:
 45355

 Registrar Pager:
 #809

 Intern Pager:
 #5056

All frequently used contacts are written on the bottom of the handover sheet.

WORKPLACE GEOGRAPHY

Location of doctors' room	Reg/Intern office left from the main entrance, along corridor and left at the end. Office is second door on the right, opposite staff toilet
Printer location and number	In downstairs meeting room (MP3353 A74065). Alternate printer upstairs just near the top of the stairs (MPC3503 A74062), next to PA's Office.
Fax number	On the bottom of handover sheet – x46092





Consultants' Offices	Consultant offices are at the bottom of the main staircase and upstairs, centrally located on the corridor.
Main meeting rooms	Down the hall, right hand side; or lecture theatre upstairs
Radiology meeting room	N/A
Outpatient clinics	OncoPain Clinic (S King) and SCCC (F Runacres)
Theatre passwords/codes	N/A
Other important locations	Communal sitting area for staff, patients, and
	patient's families in main lounge.

Useful access codes/passwords:

Access Codes	Code/Password
RISKMAN for death audits	Username: Support & Palliative Clayton
	Password: Death

Orientation:

See Term Description

Annual leave requests:

Contact Linda Jay

Sick leave:

Contact Linda Jay

Overtime:

Contact Linda Jay and A/Prof Peter Poon (Firstly obtain approval from ward consultant). Monash Doctors Workforce process and take care of Kronos timecards.

Access:

Contact Linda Jay to assist with things such as Kronos (leave), Office – pager/key, MDT Death Audit Review password, Access to G:/drive for database and handover sheets.

Common conditions:





COMMON CONDITIONS MANAGED BY UNIT ...

Common diseases:

- Malignant: Lung cancer, breast cancer, lower gastrointestinal cancers, pancreatic cancer,, renal cell carcinoma, glioblastomas, head and neck cancers, mesothelioma, prostate cancer, and haematological malignancies.
- Non-malignant: Strokes, congestive cardiac failure, end-stage COPD, end-stage renal failure, and end-stage liver disease.

Common symptoms:

Main symptoms are:

- Pain
- Breathlessness
- Nausea
- Constipation
- Agitation and terminal restlessness
- Insomnia

COMMON MEDICATIONS USED SPECIFICALLY BY UNIT

Pain
Morphine
Hydromorphone (for renal impaired)
Fentanyl (for renal failure, but narrow opioid target)
Methadone
Ketamine (infusion, used for short periods)
Benzodiazepines
Midazolam
Lorazepam (anxiety)
Temazepam (insomnia)
Clonazepam (seizures)
GI spasm
Hyoscine butylbromide (Buscopan)
Secretions
Glycopyrrolate
Hyoscine butylbromide (Buscopan)
Nausea
Metoclopramide
Haloperidol
Cyclizine
Levomepromazine (Nozinan)
Aperients
Coloxyl & Senna
Movicol
Lactulose





Terminal Delirium (specialist pall care drugs include need for CAT orders)

Levomepromazine (Nozinan)

Phenobarbitone

Assessment Tools:

All patients admitted to McCulloch House have their symptom distress scores documented on:

- Syringe driver and pain assessment/intervention chart (MRL19)
- PCOC Palliative Care Assessment form (MRL160)

Common Procedures: (Found on Prompt)

- McCulloch House After Hours Escalation of Care
- Verification of death by a registered nurse
- Transferring patients using electric wheelchair to and from McCulloch House and Clayton
- End of Life / End of Life (Adult) / End of Life Care Operational Policy
- Referral to Palliative Care Consultancy Service (MR101)
- Palliative Care Unit Admission (Inpatient)

Potential clinical emergencies:

- Spinal Cord Compression
- Hypercalcaemia
- Superior Vena Cava Obstruction
- Acute Dyspnoea
- Acute Pain
- Seizures
- Suicidal Ideation or Request for Euthanasia
- Haemorrhage
- Terminal Delirium
- Urinary Retention
- Urgent Transfer Home to Die



