Top Ten Things To Know
Palliative and End-of-Life Care in Stroke

1. The following characterizes (defines) the palliative care philosophy and how it may be delivered:
   a. Care is provided and services are coordinated by an interdisciplinary team;
   b. Patients, families, and palliative and non-palliative healthcare providers collaborate and communicate about care needs;
   c. Services are available concurrently with, or independent of, curative or life-prolonging care;
   d. Patient and family hopes for peace and dignity are supported through the course of illness, during the dying process, and death.

2. This paper describes basic expectations and competencies for the palliative care team, and outlines considerations for providers and healthcare services across several involved services.

3. Patients and families with a stroke that seriously affects activities of daily living or where the stroke has predictably reduced life expectancy or quality of life should have access to and be provided with primary palliative care services.

4. According to 2010 statistics there were about 130,000 stroke-related deaths each year.
   a. 73% due to ischemic stroke
   b. 16% due to ICH
   c. 13% due to complications from stroke
   d. 4% due to SAH
   e. 50% of these deaths occur in hospitals, with 15% occurring at home or other places.

5. This paper outlines a systematic approach for healthcare providers to address palliative care of the stroke patient.

6. Stroke systems of care should support a well-coordinated and integrated health care environment that informs and involves the patient and family in decisions that align with patient and family needs.

7. Estimating prognosis after stroke is discussed in this paper and surrounding issues of palliative care as they relate to prognosis.

8. The establishment of goals of care is also discussed in this statement, with an overall approach based on shared decision making and general prognosis, benefits, burdens of treatment choices, and the patient’s values and preferences.

9. Recommendations are provided for the role of hospice in the care of the stroke patient.

10. While palliative care discussions are difficult, they are important to ensure that the stroke patient is comfortable and has the highest quality of life once certain treatment decisions have been made.

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