

Glossary

Respecting Patient Choices®

This document has been developed to provide definitions and explanations of medical terms used in the Advance Care Plan Statement of Choices. If you would like more detailed information please see your local General Practitioner (GP) or the hospital medical treatment team.

Blood Transfusion This is when a blood component derived from volunteer blood donors is transferred into the blood stream of another person. Blood transfusions may be needed after an accident, during surgery or as a result of a disease process that causes blood loss (e.g. gastric ulcer) or impaired blood production (e.g. leukaemia). The types of transfusions include red blood cells, platelets and fresh frozen plasma.

Competence / Capacity To have capacity to make a decision means to have the ability to:

1. Receive, comprehend and retain information
2. Use the information to make an informed decision
3. Take responsibility for one's choices
4. Communicate the decision in some way.

Decision making capacity may fluctuate and is assessed at the time a significant decision is required. If there are doubts about a person's capacity a doctor can assess their competence to complete an Advance Care Plan.

CPR Cardiopulmonary resuscitation (CPR) is a procedure to assist breathing and circulation for a person who has stopped breathing (respiratory arrest) and/or whose heart has stopped (cardiac arrest). CPR may involve simple efforts such as mouth-to-mouth resuscitation and external chest compression. In hospital CPR may also involve electric shocks (defibrillation), insertion of a tube to open the airway and certain medications to stimulate the heart. About 15% of people who are resuscitated go on to make a full recovery – usually younger and generally healthy people. In elderly or seriously ill people CPR is much less likely to be successful, and if it does work may leave the person in a worse medical state than before their heart stopped. In these cases, some people would prefer to be cared for without aggressive resuscitation attempts and allowed to die naturally.

Dialysis is replacement therapy for kidneys. The kidneys work primarily to filter the blood to remove unwanted waste and extra fluid from the body. This is excreted in the form of urine. If the kidneys stop working, waste products and excess fluid accumulate in the blood. This can be fatal if left untreated. Dialysis is therapy to clean the blood when the kidneys are unable to function effectively. There are two types of dialysis, haemodialysis (HD) and peritoneal dialysis (PD). HD is the main type of dialysis used in hospital. HD uses a machine called a dialyser (artificial kidney) to remove waste and excess fluid from the blood. Two needles are inserted into a large vein and blood is drawn from the body via one needle, filtered through the dialyser and then returned to the body via the second needle. For long term HD a permanent access point is created surgically in the arm or thigh and the patient will have a dialysis session around three times a week for four-to-five hours at a time. PD is for long term therapy only. It involves instilling large volumes of fluid into the abdomen via a surgically inserted catheter, and then removing the fluid several hours later. Unless the underlying kidney problem can be treated, dialysis is usually a life long treatment. If dialysis is not commenced, or if a person stops dialysis, waste products will build up in the blood and they will become drowsy, unconscious and then die.

Intravenous Antibiotics Antibiotics are given to treat bacterial infections. Intravenous means given directly into the bloodstream usually via a cannula inserted into a vein. Intravenous antibiotics are used in severe infections because they reach the site of infection and begin to work more quickly than oral antibiotics.

Life Prolonging Treatments This refers to any medical intervention that is administered to prevent a person from dying. These treatments may include mechanical ventilation, artificial nutrition and hydration, dialysis, blood transfusions, surgery or certain medications (including antibiotics). Some people may choose to decline life prolonging treatments, especially if they are not expected to recover well. If a person does not want life prolonging treatment they will continue to receive other medical care, including palliative care to promote comfort and quality of life.

Mechanical Ventilation The lungs function to exchange oxygen and carbon dioxide between the air and the blood. When a patient cannot breathe on their own mechanical ventilation may be used to help move air in and out of the lungs to maintain oxygenation. This involves the insertion of a tube into the trachea (intubation) via the mouth or through a surgically created hole in the throat (tracheostomy). This tube is attached to a ventilator (breathing machine) which works to push air into the lungs. Patients are often sedated while being mechanically ventilated and are usually cared for in intensive care units. Mechanical ventilation can be a short term treatment (e.g to treat pneumonia) or longer term (e.g such as in brain or spinal injury). Another type of ventilation is called non invasive ventilation (NIV). This uses a face mask to support the breathing rather than a tube in the airway, for a person who does not require ventilation 24 hours a day.

Operation An operation is a surgical procedure used for investigation or treatment of a disease or injury. An operation can refer to any procedure that involves cutting and/or suturing of patients tissues. Surgery usually place in a sterile environment and under some type of anaesthetic (local, regional or general) and can take from minutes to many hours. Patients often need to be intubated and ventilated during surgery because they cannot breathe for themselves while under general anaesthetic.

Percutaneous endoscopic gastrostomy or Nasogastric tube (Feeding tubes) Some medical conditions can prevent a patient from being able to eat or swallow food safely (e.g stroke). If this happens the patient can be given nutrition in other ways than by mouth. A tube may be placed into the stomach and the patient fed a balanced mix of nutrients and fluids. There are two main types of feeding tubes, nasogastric (NG) and percutaneous (PEG). An NG tube goes into the stomach through the nose down the back of the throat and can be kept in for 1-4 weeks. For longer term feeding a PEG tube can be inserted into the stomach through the abdominal wall, this requires an operation. Some people who are unable to eat adequately may not want to have artificial feeding. If this happens the person will be kept comfortable as they gradually deteriorate, become unconscious and die.

References

Betterhealth: Surgery and General Anaesthetics

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/ct_surgery?open

ACT Health - Blood Transfusions: Have all your questions been answered?

<http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=1259640840&sid=>

Respecting Patient Choices: Capacity, competency and advance care planning

http://www.respectingpatientchoices.org.au/index.php?option=com_content&view=article&id=38&Itemid=39

Respecting Patient Choices Training Toolkit: Life Sustaining Treatment

http://www.rpctraining.com.au/module03/toolkit/life_sustaining_treatments.pdf

Western Australia Department of Health: Intravenous Therapy Education

http://www.health.wa.gov.au/education/intravenous_therapy/index.cfm