THE WARREN ALPERT Medical School
BROWN UNIVERSITY

Jointly Provided By

Comprehensive Stroke Center
Rhode Island Hospital
BROWNHealth UNIVERSITY

Palliative Care in Stroke

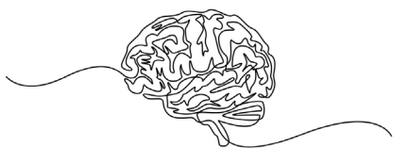
Sarah Rose Lamport, BA, BSN, MSN, ACHPN

Teaching Associate of Medicine

The Warren Alpert Medical School of Brown University

Brown Physicians Inc.

Providence, RI



Rhode Island Stroke Symposium

Financial Relationship Disclosure(s)

Sarah Rose Lamport, BA, BSN, MSN, ACHPN

- *Nothing to disclose*

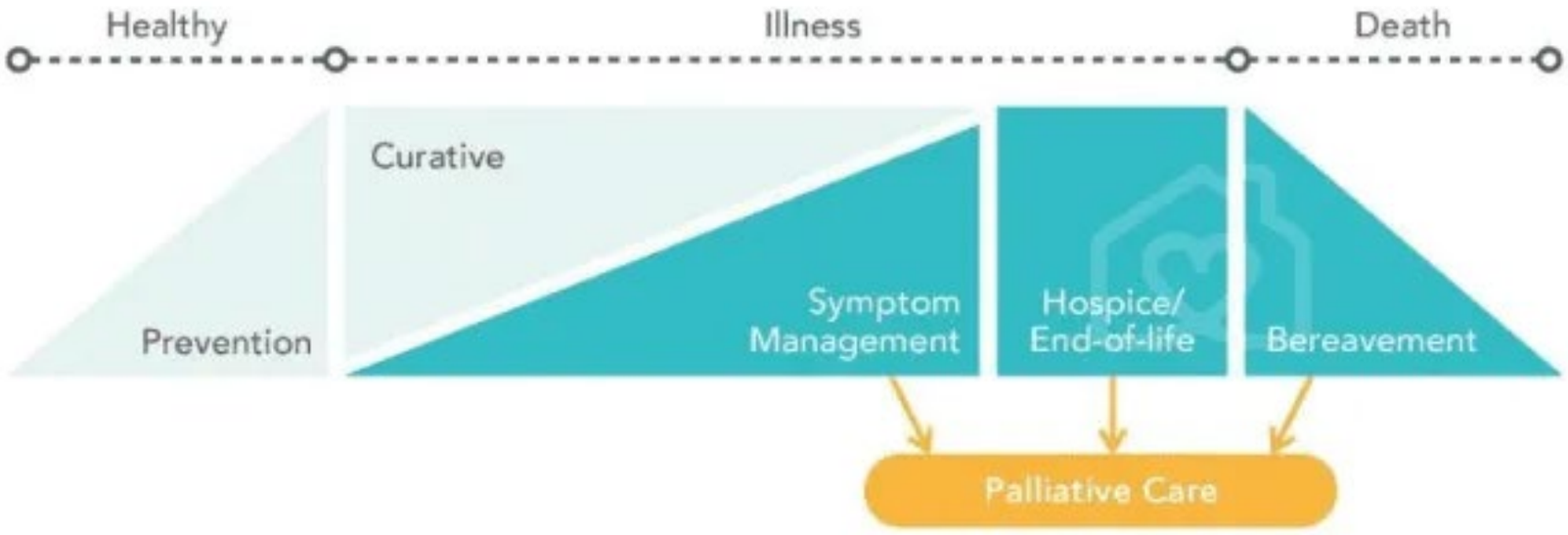
Objectives

- To understand the role of palliative care in the setting of acute and chronic stroke.
- To develop basic primary palliative care tools for people working with patients with stroke.
- To better understand the role of palliative care specialists.
- To describe the general path of end-of-life care for people dying from stroke or complications of stroke.

What is palliative care?

- Palliative care is a specialty that aims to recognize, prevent, and alleviate suffering and improve quality of life for patients with serious, advanced, and chronic medical conditions.
- Palliative care differs from hospice because of the ability to receive concurrent care, payment, and benefit period.
- Should we call it palliative care?

The Illness Spectrum



How Palliative Care Helps in Stroke Treatment

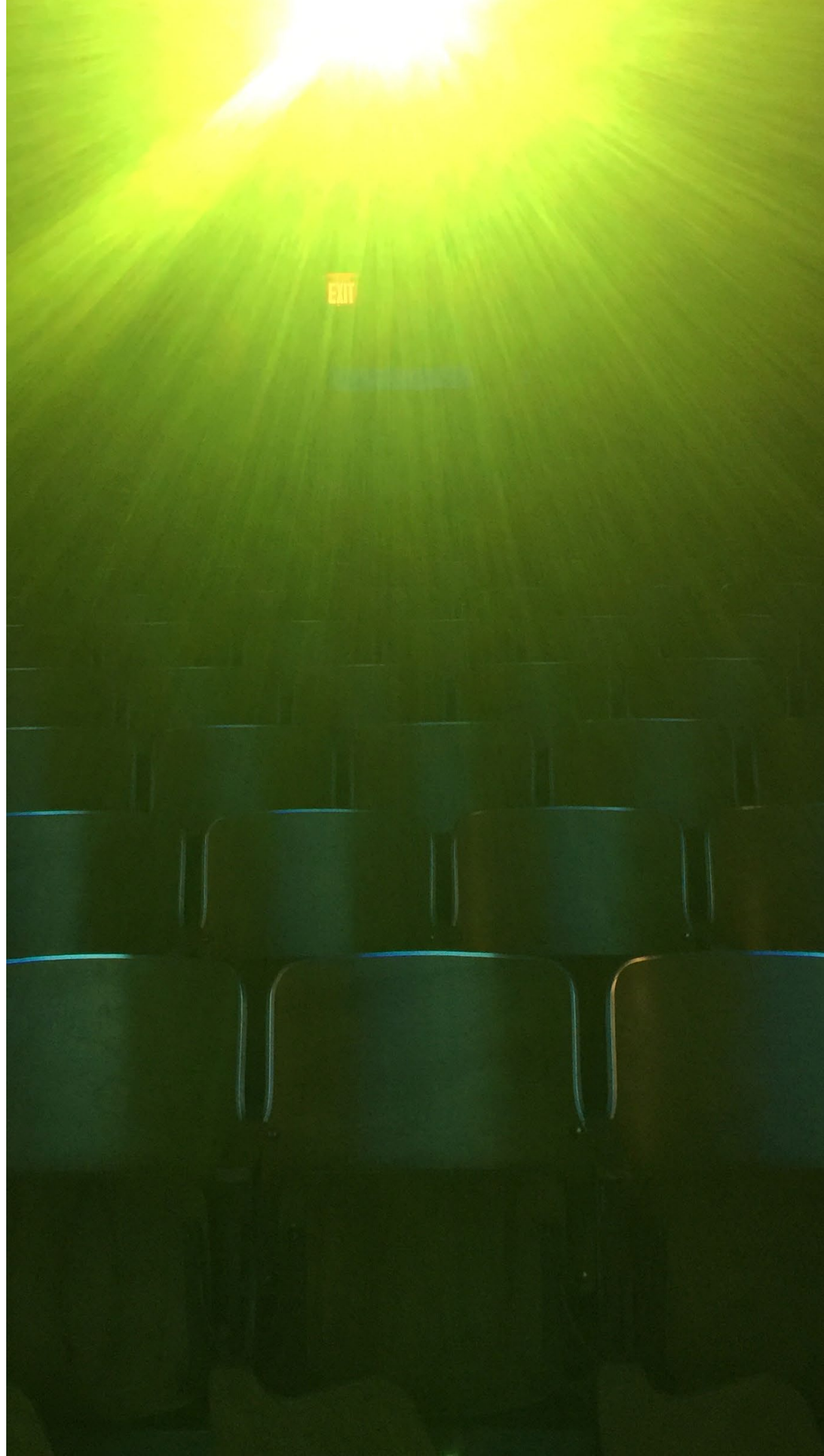
- Emphasizes person centered care.
- Provides symptom management.
- Establishes goals of care.

Person-Centered Care

Maintains a sense of personhood and dignity, what gives people joy and meaning: humanity.

Resources within the hospital:

- Therapy animals
- Healing arts
- Books/puzzles/coloring
- Brown students at the bedside
- Spiritual care



Symptom Management

- Dysphagia—preventing aspiration, cough treatments
- Pain—30% headache, central post-stroke pain, spasticity-related pain, and musculoskeletal pain—HA: hydration, rest, APAP, sometimes gabapentin CPSP: 1-12 months, gaba/pregabalin, antidepressants, SP: baclofen, tizanidine, MSK: SMR, heat, positioning, OT/PT, opioids
- Depression—31% within 5 years

Symptom Management

- Insomnia—Adjust environmental factors, treat discomfort, melatonin, mirtazapine, trazodone
- Fatigue—ensure adequate sleep, CNS stimulants can be of benefit
- Constipation—immobility, OIC, stimulants increased importance with stool softener
- Dyspnea (usually in the setting of aspiration)—opioids, usually morphine IV

Goals of Care

- What the patient/decision maker is hoping to achieve with medical care, and what their care preference would be if these goals are not able to be achieved.
- Prognosis/mortality (location/extent of stroke, etiology of stroke, impact on other treatments)
- Prognosis/morbidity—quality of life—person centered
- Decision makers: RI law

Goals of Care: When

When to initiate a serious illness conversation to establish goals of care:

When a patient or family member is asking to talk about prognosis or goals of care.

Ask yourself:

Would you be surprised if the patient died, encountered major disability, or required long term artificial nutrition in the next year?

Goals of Care: How

Follow these steps to conduct a basic serious illness conversation:

- Gather information and establish rapport.
- Use the SPIKES mnemonic to communicate serious news.
- Support surrogate decision making or substituted judgement with the empty chair method.

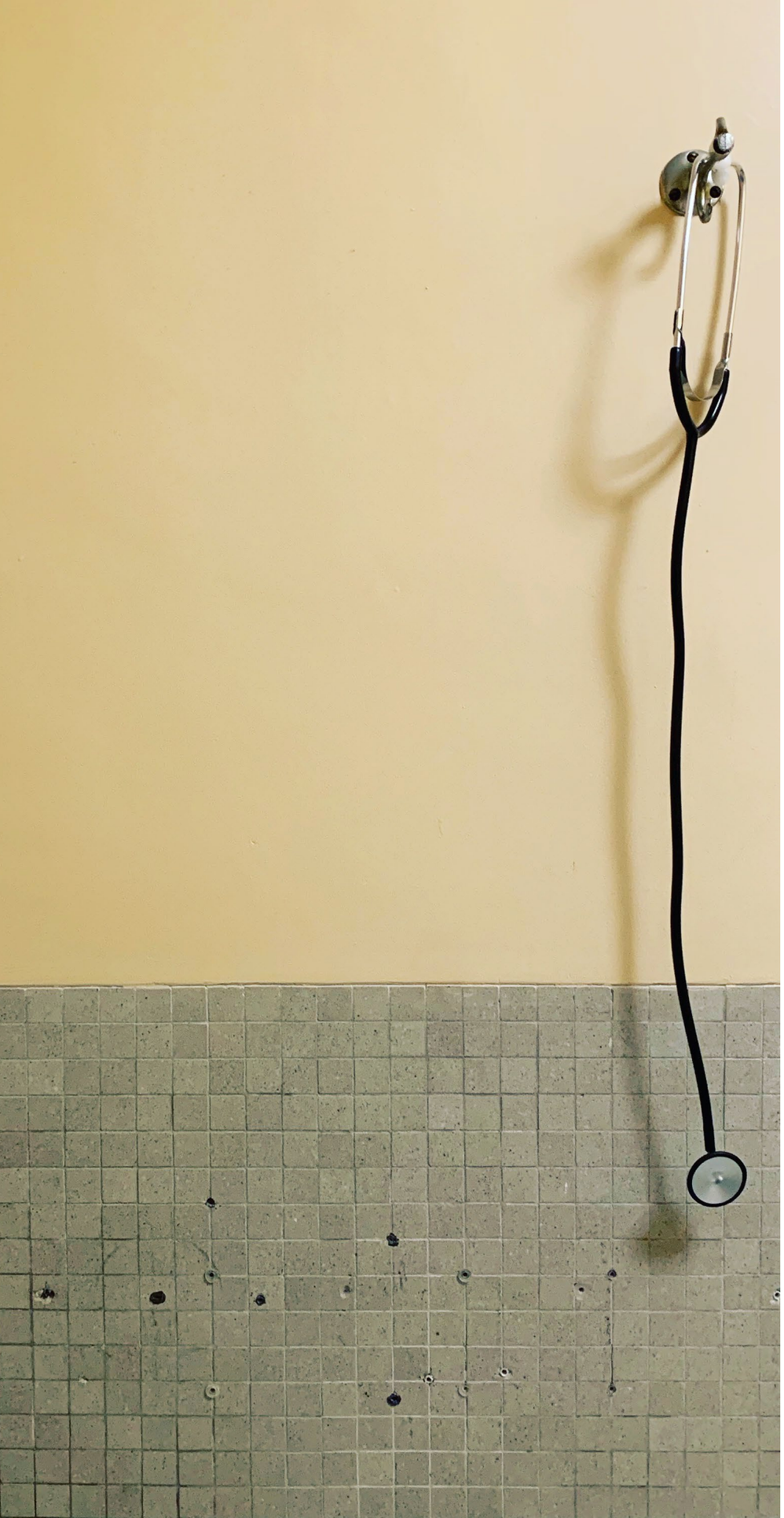
SPIKES

Setting	Who, when, where
Perception	Understanding of illness
Invitation	Permission
Knowledge/ information	Disclosure
Emotion	Allow space
Summary	Provide information and summary as appropriate

Involving Palliative Care

Involve Palliative Care for the following:

- Inpatient: Family conflict, assistance with symptom management, goals not alignment with advanced directives, ethical concerns.
- Outpatient: Limited palliative presence outside of oncology—visiting nurses, Hope AIP).



Common Paths to End of Life

- Dysphagia that is worsening or not improving
- Complications from immobility
- Impact of stroke on ability to receive other care (cancer care, HD)
- Decision to pursue comfort focused medical care

Deciding to Forego or Stop Artificial Nutrition

Patient concerns	Suggested responses
Hunger	Normalcy of concern Experiences of people who are awake and aware
Showing love	Exploring ways to show love with offering of food without emphasis on acceptance, other ways to show love and comfort
Causing death	Death results from underlying cause, rather than cessation of a temporizing measure

Focusing on Comfort

Pain	Typically morphine IV or SL Avoid morphine drip “titrate to effect”
Anxiety	Typically Ativan IV or SL
Secretions	Positioning Antisialagogue, if necessary
Nausea	Typically antiemetics Sometimes olanzapine, haloperidol, or scopolamine

Resources

Fast Facts https://www.mypcnow.org/fast-facts/

A great resource for quick evidence-based recommendations on symptom management.

Vital talk https://www.vitaltalk.org/

A good place to sharpen your communication skills.

Center to advance palliative care (CAPC) https://www.capc.org/training/

Also a good communication skills and symptom management resource, but much is available only to members.

References

Boone-Sautter, Kennedy M., Peterson, M. Andrea, Vermeesch, Kristyn, & Ahmed, Aiesha. (2025). Palliative care for stroke patients: Meeting the Quadruple Aim. *Journal of Stroke and Cerebrovascular Diseases*, *34*(5), Article 108263. https://doi.org/10.1016/j.jstrokecerebrovasdis.2025.108263

Creutzfeldt, Claire J., Robinson, Maisha T., Neuropalliative Care of Stroke. In: UpToDate, Connor RF (Ed), Wolters Kluwer. (Accessed on August 14, 2025.)

Holloway, Robert G., Arnold, Robert M., Creutzfeldt, Claire J., Lewis, Eldrin F., Lutz, Barbara J., McCann, Robert M., Rabinstein, Alejandro A., Saposnik, Gustavo, Sheth, Kevin N., Zahuranec, Darin B., Zipfel, Gregory J., & Zorowitz, Richard D. (2014). Palliative and End-of-Life Care in Stroke: A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association. *Stroke (1970)*, *45*(6), 1887–1916. https://doi.org/10.1161/STR.0000000000000015

Molidor, S. , Overbaugh, K. , James, D. & White, C. (2018). Palliative Care and Stroke. *Journal of Hospice & Palliative Nursing, 20* (4), 358-367. doi: 10.1097/NJH.0000000000000450.

Abraham, Peter, (2025, September 2), The Unsung Heroes of Healthcare: How Palliative Care Nurses Transform Patient Care Beyond Terminal Diagnoses

Compassionate Crossing, LLC, https://compassioncrossing.info/the-unsung-heroes-of-healthcare-how-palliative-care-nurses-transform-patient-care-beyond-terminal-diagnoses/