

Czech Republic. Nevertheless they are the place of death only for 2,5% patients every year.

- Based on the distribution of patients with chronic diseases in need of palliative care in Czech health care system, other forms of palliative care delivery are critically needed.

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Palliative Care at Home: A Literature Review

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Introduction: Palliative care promotes a holistic care, promoting a centered care to the patient and, thus contributing to the comfort and quality of life by addressing the problems associated with life-threatening diseases, preventing and relieving suffering.

Aims: Identify the evidence produced about home palliative care.

Materials and methods: A integrative review on the databases of ISI Web of Knowledge, CINHALL, MEDLINE and PubMed, B-on with the descriptors “palliative care”, “home care”, “nursing care”. Articles in the English language, existing in full text, with abstract and references available and analyzed by experts were included.

Results: A total of 69 articles were found and analyzed. The majority of the articles found are: original studies, literature reviews, editorials and commentaries. The most discussed topics were: home palliative care, family support, home care, symptom control and promoting quality of life. There is predominance in the last decade especially in 2009-2012 and the predominant language was English. The research reveals the increasing number of patients with progressive and incurable diseases and 68,2% of patients prefer die at home. It becomes essential to develop a network of care extended to cover the home assistance.

Conclusion: We observed that palliative care should improve social and innovative health policies, centered on the needs and preferences of patients, associating scientific knowledge, skills and attitudes in order to develop the excellence of care. According to the evidence found the development of a specialized care, implementing effective interventions which provide a dignified death, and supporting the family throughout the process including the stage of grief, contributes for an individualized approach

focused on the problems of patients and families, in symptom control and maximizing comfort.

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Palliative Home Care, for a Holistic Approach to the Patient and Family

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Introduction: Palliative response to the needs of patients and families, and combine scientific knowledge and skills allied to humanism in order to promote the relief and prevention of suffering, enhance the quality of life, comfort.

Aim: Demonstrate the importance of palliative care at home, to the satisfaction of patients and families, and implementation of individualized care.

Materials and methods: A qualitative and comparative analysis of two cases. One patient with cancer without support of a palliative care team and another patient with neurological degenerative disease being accompanied by a palliative care team at home. Both males, aged between 69-77 years, have common co morbidities (depression, diabetes mellitus and hypertension). Data were collected through observation and resource a data collection instrument developed by the researcher with face and content validation by experts in the field of palliative care. Data were collected with informed consent of the participants and in their homes.

Results: We observed the high satisfaction of the patient and family that was under support of home palliative care team, with guidance and implement measures and care. The patient participated in all decisions and was aware of the progression of the disease as well as the possible consequences. In relation to the patient without palliative care, observed the anger and sadness face the situation, the difficulty in accessing individualized care, and targeted the patient and family needs, to access resources and support technical and financial, and the inability to manage the symptoms and the disease progression.

Conclusions: The analysis indicates that the accessibility of palliative care at home, using an approach that implements a systematic monitoring through the co-partnership between teams and patient/family, contribute to improving the quality of life and provide humanized and individualized care.