Pallium Canada

Palliative Care Education for All Care Providers - Mobilizing Compassionate Communities
Formation sur les soins palliatifs pour tous les soignants - Mobiliser les communautés bienveillantes

The Pallium Palliative Pocketbook Errata

Page # Location	**Printed in Pallium Palliative Pocketbook 2nd Edition** **Highlighted in yellow parts that need correction**	**Correction to be done (highlighted in green)**
6-23 Second last indent	- Lidocaine 2%, 2.5-5ml by nebulizer …. ~~Marcaine 1/4 ml~~ in 5 ml saline can also be used.	Replace by highlighted part with: - Lidocaine 2%, 2.5-5ml by nebulizer **…. Bupivacaine 0.25ml of a 0.25% solution** in 5ml normal saline can also be used.
6-25 Indent re. Tranexamic acid	Tranexamic acid (TA): Usually given orally. 1.5 gm PO STAT, then 1 gm PO q8hr … 10 mg/kg TID to QID, infused over about 1 hour.	Replace by highlighted part: Tranexamic acid (TA): Usually given orally. 1.5 gm PO STAT, then 1 gm PO q8hr … 10mg/kg TID to QID; each dose is infused slowly.
7-5 Last indent	The CAM, although primarily a screening instrument, has also….	Delete the strikethrough text: ~~,although primarily a screening instrument~~,
8-10 Second bullet (Haloperidol), 4th indent (Doses)	Doses: Try a low dose (0.5mg ~~or 1mg~~ PO subcut or BID).	Add highlighted word: Doses: Try a low dose (0.5mg PO or subcut OD or BID).
8-36 4th bullet	• Clinicians may be tempted to offer artificial nutrition in patients with severe cachexia … However, offering artificial nutrition to patients with well defined cachexia …..devastating than being told initially that artificial nutrition would not be of benefit. [47]	Incorrect reference , please correct it to 174: … devastating than being told initially that artificial nutrition would not be of benefit. [174]
8-38 Third last indent	4–6L can be drained via gravity safely. Large volumes should be drained over longer periods of time, 60–120min (and sometimes longer). Hypovolemic shock is uncommon in patients with cancer-related ascite. *Missing text.*	Add to the end of paragraph: 4–6L can be drained via gravity safely. Large volumes should be drained over longer periods of time, 60–120min (and sometimes longer). Hypovolemic shock is uncommon in patients with cancer-related ascites but can occur in patients with non-cancer related ascites (e.g. in advanced cirrhosis, cardiomyopathy and nephrotic syndrome).
9-5 First indent on the top of the page	• Darbepoietin is a new erythropoietic stimulating agent.	Replace by highlighted word: • Darbepoetin is another erythropoietic stimulating agent.

9-6 Second bullet, 2nd indent	- Montreal (reduced dose) protocol	Replace by highlighted word and add reference: - Monreal (reduced dose) protocol (Reference: Monreal M et al, J of Thrombosis and Haemostasis 2004; 2:1311-5)
9-12 Third bullet re. Treatment	• Tranexamic acid, a fibrinolytic inhibitor, can be used to control mucosal bleeding due to thrombocytopenia: 1 gm TID PO three times a day or slow IV injection.	Replace with highlighted part: • Tranexamic acid, a fibrinolytic inhibitor, can be used to control mucosal bleeding due to thrombocytopenia: 500 mg-1 gm TID PO three times a day or slow IV injection.
10-6 Bullet re. Clinical features	• Paresthesias of the face, hands, … and Trousseau's sign (carpal spasm after 3–4 minutes of exercise with a blood pressure cuff inflated to between diastolic and systolic pressure) may be present.	Deleted the strikethrough text: and Trousseau's sign (carpal spasm after 3–4 minutes ~~of exercise~~ with a blood pressure cuff inflated to between diastolic and systolic pressure) may be present.
10-7 First bullet (top of the page) re. SIADH, 2nd indent	– The diagnosis is made on the basis of: a low serum sodium level (often less than 125 mmol/L), low plasma osmolality (less than 270 mmol/L), concentrated urine (urine osmolality greater than 500 mmol/L). *Missing text*	Add highlighted text to the end of paragraph: – The diagnosis is made on the basis of: a low serum sodium level (often less than 125 mmol/L), low plasma osmolality (less than 270 mmol/L), concentrated urine (urine osmolality greater than 500 mmol/L) in a patient who is euvolemic.
10-7 First bullet re. Treatment of SIADH in the palliative care setting	Mild cases respond to fluid restriction (500-1,000 ml/d), if treatment is indicated (e.g. patient is at the end of life).	Add highlighted word to the text: Mild cases respond to fluid restriction (500-1,000 ml/d), if treatment is indicated (e.g. patient is not at the end of life).
10-7 Second bullet re. Treatment of SIADH in the palliative care setting	• More severe cases may require demeclocycline 300–600 mg PO q12hr in addition to fluid restriction.	Delete the strikethrough text: ~~More severe cases may require demeclocycline 300–600 mg PO q12hr in addition to fluid restriction.~~

11-4 First bullet	Phenobarbitone: Can be given subcutaneously (*Missing text*) and therefore consider for palliative patients with seizure disorder who are no longer able to swallow their medications. It has a long half-life (50–150hr) and steady state is only achieved after 2–3 weeks of treatment. The dose is 30 mg–240 mg/day in 1 to 3 daily doses. Phenobarbitone is given by direct IM or deep subcutaneous injection. It cannot be given through a Cleo subcutaneous line because it is very viscous and will clog up in these lines.(*Missing text*)	Add the highlighted texts and delete the strikethrough text: Phenobarbitone: Can be given subcutaneously (intermittently or by continuous infusion) and therefore consider for palliative patients with seizure disorder who are no longer able to swallow their medications. It has a long half-life (50–150hr) and steady state is only achieved after 2–3 weeks of treatment. The dose is 30 mg–240 mg/day in 1 to 3 daily doses. Phenobarbitone is given by direct IM or deep subcutaneous injection. ~~It cannot be given through a Cleo subcutaneous line because~~ It is very viscous ~~and will clog up in these lines.~~ There is also risk of tissue necrosis due to its high pH. It is not stable with most other drugs, so if given in a CSCI, it should be administered alone.
12-7 First line	These include an SSRI (particularly paroxetine), venlafaxine, nefazodone, TCAs and buspirone.	Delete the strikethrough text: These include an SSRI (particularly paroxetine), venlafaxine, ~~nefazodone,~~ TCAs and buspirone.
12-7 Second bullet, third indent	- For severe chronic anxiety, may also consider SSRIS … Other options include venlafaxine, nefazodone and TCAs.	Delete the strikethrough text: Other options include venlafaxine~~, nefazodone~~ and TCAs.
12-8 Second indent re. Benzodiazepines	- SL lorazepam (1–2 mg subcut) or PR diazepam (5–10 mg od-bid or PRN) can be used ….	Replace by highlighted word: - SL lorazepam (1–2 mg SL) or PR diazepam (5–10 mg od-bid or PRN) …
12-18 First bullet	• Half lives: Sertraline and paroxetine have … Venlafaxine, because of its short half-life, may not be useful at the end of life when patients are no longer able to swallow- thereby potentially precipitating a withdrawal syndrome.	Delete the strikethrough text: ~~Venlafaxine, because of its short half-life, may not be useful at the end of life when patients are no longer able to swallow- thereby potentially precipitating a withdrawal syndrome.~~

12-21 Second bullet	Nefazodone: Similar actions to trazodone. Less sedating than trazodone, but more likely to cause GI upset. Potent inhibitor of CYP3A4 isoenzyme (therefore beware interaction with drugs such as methadone, terfenidine, and astemizole). Visual disturbances have been reported.	Delete the strikethrough text: ~~Nefazodone: Similar actions to trazodone. Less sedating than trazodone, but more likely to cause GI upset. Potent inhibitor of CYP3A4 isoenzyme (therefore beware interaction with drugs such as methadone, terfenidine, and astemizole). Visual disturbances have been reported.~~
12-22 Second last bullet	Methylphenidate doses: Give a test dose (*Missing text*) and assess within 2 to 4 hours. Discontinue if side effects such as severe anxiety, tremors, agitation and confusion or severe tachycardia occur.	Add the highlighted text: Methylphenidate doses: Give a test dose of 2.5mg PO and assess within 2 to 4 hours. Discontinue if side effects such as severe anxiety, tremors, agitation and confusion or severe tachycardia occur.
12-28 Second bullet re. Insomnia	• Short and intermediate acting benzodiazepines (*Missing text*) are recommended:	Add the highlighted text • Short or intermediate-acting benzodiazepines, zopiclone or zolpidem are recommended:
15-1 Title re. Amyotrophic Lateral Sclerosis	Amyotrophic Lateral Sclerosis (ALS)[331]	Change for the highlighted text: Motor Neuron Disease/ALS[331]
16.2 Bullet re. Uremia	- Consider antihistamines as first line agents. (*Missing text*) If these are not useful mirtazapine (7.5 mg-15mg OD) may be considered. Last resort measures for severe pruritus include ultraviolet B light and thalidomide (access to this drug is however very limited).[702] Results using opioid antagonists (naloxone or naltrexone 12.5 mg-25 mg OD)[703,704] and ondansetron have been mixed.[705, 706] (*Missing text*) Pruritus has been reported to be reduced with erythropoietin treatment for uremia-related anemia.[707]	Delete the strikethrough text and add the highlighted text: ~~- Consider antihistamines as first line agents.~~ Antihistamines are not recommended in the treatment of uremic pruritis. A general approach would be to consider topical therapies as first line, particularly if pruritis is localized or regional. If pruritis is generalized, one would next consider systemic therapies such as gabapentin or pregabalin. If these are not useful mirtazapine (7.5 mg-15mg OD) may be considered. Last resort measures for severe pruritus include ultraviolet B light and thalidomide (access to this drug is however very limited).[702] Results using opioid antagonists (naloxone or naltrexone 12.5 mg-25 mg OD)[703,704] and ondansetron have been mixed.[705, 706] There is current interest in nalfurafine, which has been used in hemodialysis patients with itch. This is a k-opioid receptor, supporting the hypothesis that opioid receptors may be implicated in uremic pruritis. Pruritus has been reported to be reduced with erythropoietin treatment for uremia-related anemia.[707]

16-15 Second last indent	If neutrophils less than $0.5x10^9$/L, treatment for 7 days. If neutrophils less than $0.5\ 10^9$/L treat for at least 2 weeks	Replace by the highlighted words: If neutrophils less than $0.5x10^9$/L, treatment for 7 days. If neutrophils more than $0.5x10^9$/L treat for at least 2 weeks
17-15 Fourth bullet re. Background	• For patients who are at the end of life, death normally occurs within 3 to 14 days after artificial nutrition and dehydration is stopped.	Replace by the highlighted word: For patients who are at the end of life, death normally occurs within 3 to 14 days after artificial nutrition and hydration is stopped.