Guidelines for

Home Based Palliative Care Services

Based on an expert group meeting
23rd – 24th September 2006

Indian Association of Palliative Care & CanSupport
New Delhi, India

Developed under the
Government of India-World Health Organisation
Collaborative Programme (2006-2007)

JULY 2007

Guidelines for

Home Based Palliative Care Services

Indian Association of Palliative Care

CanSupport

ACKNOWLEDGEMENTS

We thank all those who attended the workshop on setting Minimum Standards for Home Care as well as gave of their valuable time and advice thereafter. The Ministry of Health & Family Welfare, Government of India, and the WHO India Country Office deserve special mention for their sponsorship and support.

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World Health Organization

Message

Cancer and other Non Communicable Diseases have emerged as major public health problems in India. The National Cancer Control Programme of the Government of India is a laudable initiative and constitutes one of the very few such models in the world. Cancer control needs a multi-pronged approach. Palliative care is an essential component of this strategy. Such care is the active total care of the patient and family through a multidisciplinary team of trained people to optimize the quality of life.

The service delivery for palliative care in western countries is through institutional care and hospice care. The societal and family structure in India and the preference of people to be in their homes make it imperative to develop a model for providing care at home. Commendable work is being done in this area by Non Governmental Agencies such as CanSupport in Delhi. The Indian Association of palliative Care (IAPC), being a professional body of excellence, provides guidance and support to this initiative.

The expert group meeting, organized under the Government of India-WHO collaborative programme, has developed guidelines for 'home based palliative care' which will help to bridge the gap in extending services. These guidelines are based on the Indian experience. Institutions and voluntary groups can use these to further develop and improve home based care. The IAPC and the network of relevant centres would provide further support in terms of capacity building.

The Government of India and State Governments are facilitating service delivery through the National Cancer Control Programme, and palliative care can become an integral part of this plan. WHO is pleased to provide support to this initiative and remains committed to this major priority.

Dr S.J Habayeb
WHO Representative to India

Message

The treatment of incurable diseases like advanced cancer and AIDS in hospitals is generally cure based. It is more often "high tech" with "low care". The physical condition and psychological state of mind of the patient with advanced and incurable disease may improve after the patient is discharged from the hospital. But this is short lasting as patients are not made aware of their real prognosis. More often than not, their hopes are very high. They may experience an emotional crash when the gap between the hope and the real life conditions are perceptibly high. Thus palliative care at home is, at times, more difficult for both the family and the treatment team because of unreal expectations.

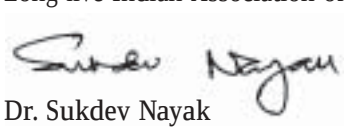
A number of studies around the world have shown that patients and their families have shown preference to continue receiving palliative care at home. It has several advantages. The patient feels more comfortable in his home because of the familiarity of the environment and the surroundings. The home also provides a private atmosphere away from the hustle bustle of the hospital. The patient feels secure and believes that his autonomy is retained. There will be reduced attention to the disease because of the presence of family and friends. The social bond between family members, especially in India, has a better impact on the over all care because of the participation of family and friends in the care.

Home care is well developed in developed countries, and is taking root in India. There are some excellent home care services, adapted to Indian conditions by palliative care groups from Kerala. But a general consensus on the guidelines for home care service with regard to infrastructure, training and personnel was lacking. This is the reason for the lack of an IAPC national guideline to be followed by intending home care providers till now.

I am glad that a workshop was held by IAPC and CanSupport at New Delhi on the 23rd & 24th of September 2006 to address this lacuna. It was supported by the Ministry of Health & Family Welfare, GOI, and WHO. The team led by Dr. Cherian Varghese, India Country representative of WHO, Dr. Dinesh Goswami, the Secretary of IAPC and Ms. Harmala Gupta from CanSupport did a marvellous job to address this issue and have come forward with a set of guideline for home care based palliative care in the Indian context.

I congratulate the team for their unique and pioneering effort. Although founded in 1994, I consider IAPC to be still in its infancy and lots of changes are expected as we tread a new path. This guideline is also likely to be modified and metamorphosed with the passage of time.

Long live Indian Association of Palliative Care!



Dr. Sukdev Nayak
MD, LL.B, PGDM, DPM(Cardiff)
President, Indian Association of Palliative Care

Foreword

We were delighted to have had the opportunity to jointly organize and host a workshop with the Indian Association of Palliative Care (IAPC), with generous backing and encouragement from the Ministry of Health & Family Welfare, Government of India, and the WHO office in India.

The workshop was held on the 23rd and 24th of September 2006 in the Annexe of the India International Centre in New Delhi and was attended by a cross section of leaders in the field of palliative care in India. They represented several institutions and organizations around the country working with a variety of diseases and life limiting conditions, ranging from cancer and HIV/AIDS to Alzheimer's disease and multiple sclerosis. The purpose was to use their collective experience and expertise to develop guidelines for the delivery of home based palliative care in India.

Since 1997, CanSupport, a registered not-for-profit organisation, has been running a very successful home based palliative care programme in Delhi and the National Capital Region (NCR) in collaboration with the Pain and Palliative Care Clinic at the Institute Rotary Cancer Hospital (IRCH) at AIIMS. Speaking on behalf of the CanSupport home care team, I can say that we were keen not only to interact with like minded colleagues but were excited at the prospect of engaging in an exercise that would provide a road map for home based palliative care in other parts of India which all of us who are members of the IAPC recognize is the need of the hour.

In fact, the avowed mission of the IAPC is to promote and develop a sustainable network of palliative care services throughout the country by, among other things, setting guidelines and establishing minimum standards for hospice and palliative care and by promoting a range of IAPC-approved national training programmes, allowing for local variations.

After eight months of continuous follow up our efforts have finally yielded fruit in the form of this Handbook which we hope will guide and inspire others. I must admit that had it not been for the persistence and dedication of a few special individuals this project may not have taken off the ground. I should like to thank Dr. Cherian Varghese, Dr. Kavita Venkataraman, Dr. Anil Paleri, Dr. Stanley C. Macaden, Dr. Firuza Patel, Dr. Dinesh Goswami and Dr. Libby Sallnow for their expert guidance, support and encouragement at every step on the way.

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CONTENTS

ABBREVIATIONS USED

AIDS ..... Acquired Immunodeficiency Syndrome

AIIMS ..... All India Institute of Medical Sciences

CMAI ..... Christian Medical Association of India

HIV ..... Human Immunodeficiency Virus

IAPC ..... Indian Association of Palliative Care

IPM ..... Institute of Palliative Medicine

IRCH ..... Institute Rotary Cancer Hospital

NCR ..... National Capital Region

NGO ..... Non-Government Organisation

NPO ..... Non-Profit Organisation

PGIMER ..... Post Graduate Institute of Medical Education & Research

RWA ..... Residents Welfare Association

UT ..... Union Territory

WHO ..... World Health Organisation

HOME BASED PALLIATIVE CARE

INTRODUCTION

In 2002, the Expert Committee of the WHO defined palliative care as

> "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual".

The goal of palliative care is, therefore, to improve the quality of life of both patients and families by responding to pain and other distressing physical symptoms, as well as to provide nursing care and psycho-social and spiritual support. This is why it is best administered by an interdisciplinary, multi-dimensional team, comprising doctors, nurses, counsellors, social workers and volunteers among others.

Palliative care can be delivered in a variety of ways besides the traditional free standing hospices that provide inpatient care. Home based palliative care services are becoming increasingly popular with care being taken to the doorstep of the patient. Ideally, this is where people are most comfortable at the end of their lives, surrounded by their loved ones. It is also well suited to conditions in India where a family member is usually available and willing to nurse the sick person. It provides care givers with the back up and support needed to plan care and to prepare for what lies ahead during the course of a long and potentially life threatening illness at home.

Home based palliative care has several additional advantages for the patient and family such as comfort, privacy, familiarity with surroundings, security, autonomy and a greater degree of independence. It reduces single minded focus on the disease with greater willingness to discuss spiritual and psychosocial issues. It is also cost effective as it does not entail doctors and nurses fees and travelling to the hospital repeatedly for follow up visits and unnecessary investigations and treatments.

Despite its limited coverage, palliative care has been present in India for about twenty years. Today, there are more than 100 recognised palliative care units operating in the country from various states (see Annexure II). The majority are run by NGOs who are predominantly institution based and mostly in urban areas. It is estimated that in India the total number who need palliative care is likely to be 5.4 million people a year, there is, therefore, a need to expand the coverage of palliative care and

given the socio-cultural milieu in India, home based palliative care can be a viable alternative. With this background the WHO India Country Office initiated a consultation to develop guidelines for home based palliative care. IAPC and CanSupport partnered with the Government of India and WHO to organise a meeting of select experts in the field in September 2006 in New Delhi (List of participants, Annexure I).

It is hoped that these guidelines will help those intending to set up home based palliative care services in this country. They are by no means exhaustive and should be considered as the minimum requirements for home based palliative care. As an organisation grows and acquires more experience, trained personnel and financial resources there is nothing to stop it from offering a wider range of services.

Home Based Palliative Care

PRINCIPLES

1.1 Definition

Home based palliative care is care provided to people with chronic, debilitating and progressive diseases which are potentially life limiting, such as cancer, end stage cardiac, renal and respiratory diseases, HIV/AIDS and chronic neurological and psychiatric disorders, in the home or live-in environment of the patient. It is generally delivered by an interdisciplinary team trained in palliative care which includes medics, nurses, paramedics and volunteers. A multi-dimensional approach offers the best quality of care as no one member of the team either has the skills or the insights to provide comprehensive palliative care, which encompasses the physical, psychosocial and spiritual, on their own.

1.2 Principles of home based palliative care

The general principles that guide home based palliative care are no different from those that guide palliative care in any other setting. These are:

- To affirm life and regard dying as a normal process
- To neither hasten nor postpone death
- To provide relief from pain and other distressing symptoms
- To integrate the psychological and spiritual aspects of patient care
- To offer a support system to help patients live as actively as possible until death
- To offer a support system to help the family cope during the patient's long illness and in their own bereavement

1.3 Features of home based palliative care

1. Suited to the convenience of both parties

   The care that is offered at home must suit the convenience of those who are providing the care as well as that of the patient and family seeking it. Accordingly, the time, frequency and length of each visit should be worked out through mutual consultation. It is always advisable to remind the patient and family before hand about an impending visit.

2. Tailored to meet the needs of patients and families

   The needs of patients and families are bound to differ from those of other patients and their families. They may even change during the course of the illness for the same patient and family. These differences may be due to social, cultural, economic or other reasons. It is important for the team to provide care that is relevant and meaningful to each patient and family under its care.

3. Empowering the patient and family

   The effort in all circumstances should be to build up the capacity of the patient and the caregiver to

manage the situation and prepare for what lies ahead. Their right to ask for information and take independent decisions must be respected at all times.

4. Delivered by a trained team

   The team that delivers the care at home or at the place where the patient is living must have received recognised training in palliative care. It should be both capable and willing to assist the patient and family. Competence and compassion must go hand in hand.

1.4 The advantages of home based palliative care:

1. Easy access to care

   The patient and family have access to advice and to all aspects of palliative care (physical, psychological, social and spiritual) at their doorstep.

2. More effective caring

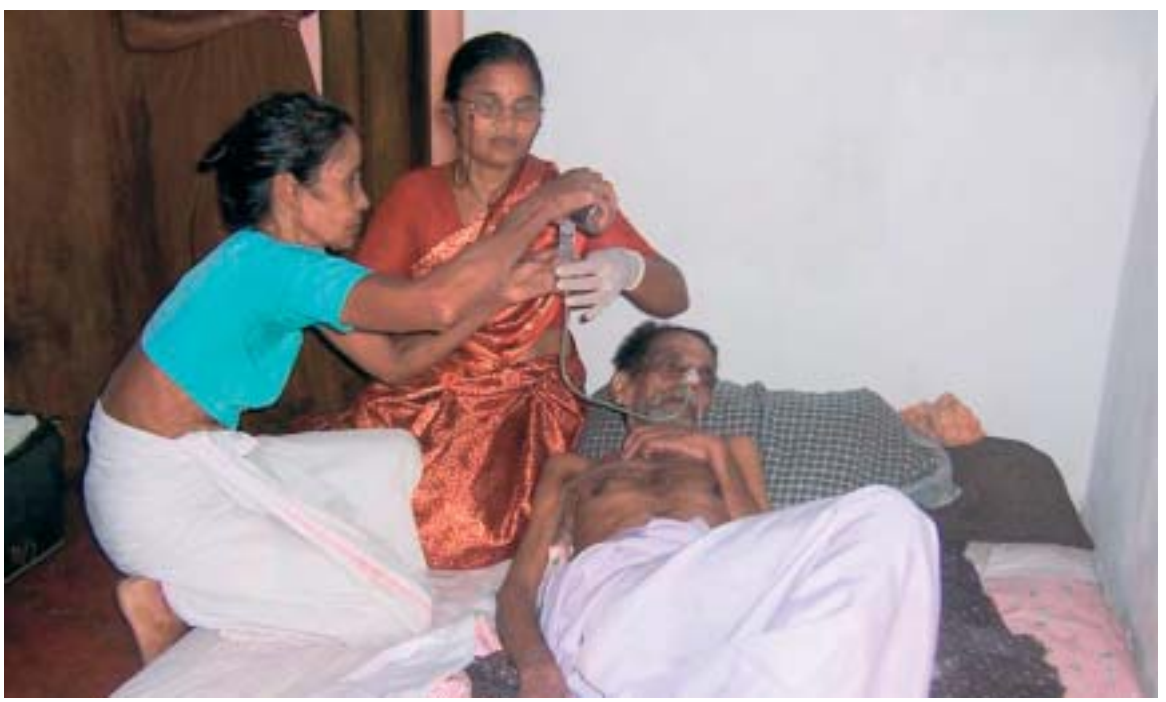
   Advice, training and additional support for the family is available so that they can become more effective in their role as care givers and feel more able to manage and cope.

3. Access to complementary services

   The home care team can facilitate liaison with complementary and supportive services when required. The patient and family do not have to go out seeking such support on their own.

4. Expert referrals for the patient

   The team can facilitate referral to other medical and nursing specialists involved in palliative care thereby ensuring the best possible care for the patient should this be necessary.



5. Maintains confidentiality

   This is especially important for people with HIV/AIDS who may otherwise be shunned by the community out of ignorance and due to misconceptions about the disease.

6. Spreading awareness in the community

   Wherever appropriate, home care programmes can be used to spread awareness about palliative care. It is often the case that when a family is nursing some one with cancer their friends and associates become more aware and are more willing to discuss issues around terminal care. The family being cared for, too, can become ambassadors for the cause.

7. Mobilising local resources

   Local support groups and volunteers can be mobilized to support patients and carers living in their particular area. They would be more willing to do this not only because they may know or have personal ties with the people affected but because it is much easier for neighbours to help each other than travel long distances to do so.

8. Training opportunities

   Training in palliative care can be offered to medics, paramedics, community volunteers and carers in the area being covered by the home care team. This will help palliative care services grow in that region.

COMPONENTS

2.1 What are the basic components of home based palliative care?

1. A willing and accessible patient

   The patient should be happy to be looked after at home or in his/her live-in environment by the team. The place should not be too inaccessible or far away so that the team has difficulty reaching there or spends hours in travel.

2. An available caregiver

   Ideally, some one should be available for the care of the patient as far as possible. However, if the patient is living alone this should not be a deterrent to offering care. As the patient declines and finds it more difficult to look after him/herself arrangements may be made such as hiring a nursing assistant or admission to a hospice.

3. A conducive home/live-in environment

   If there is the threat of personal harm to members of the team in the home/live-in environment, it will be difficult for them to function effectively. Caregivers who are addicts and show aggressive, abusive and hostile behaviour can also pose a problem. In these rare circumstances, the team must take a decision as to whether they wish to continue providing care in the home or not. If there is evidence of patient abuse, shifting the patient to a more conducive setting may be an option. The team also needs to be alert to a history of substance abuse in the family, especially when prescribing oral morphine.

4. A properly trained team

   The team must have the requisite qualifications and should have received training in home based palliative care from a reputable training centre (Annexure III). This training must extend to all members of the team - nurses, counselors, doctors, social workers, volunteers, etc. One of the most important and basic requirements is that the team be trained to listen and communicate with patients and their families without prejudice (see under topics, Annexure III).

5. 24-hour support

   Patients and their caregivers should be able to contact the home care team outside their regular visiting hours. Provision for 24-hour support, including emergency support, may take the form of a helpline number which is given to patients and responded to by members of the team in turn. It is also possible to entrust this to a local person, who may be a volunteer. Other useful numbers to contact in case of an emergency may also be given.

6. Means of transport

   The team must have a means of transport which is safe and reliable. The mode of this conveyance may take any form depending on the local circumstances and area to be covered.

7. Network for supportive care

   Links with other agencies and hospitals should be built up by the home care teams so that they can refer patients for supportive care when the need arises. For example, a patient may need a pleural tap which is best given in a clinical setting where an ultrasound is available. Patients when facing an acute crisis that cannot be handled at home may also need temporary admission in a hospice or local hospital. This is known as respite care.

8. Home care kit

   Availability of essential medicines and equipment must be assured to the team. They should carry a bag with a properly maintained medical kit on visits (for essential medicines and equipment see Annexure IV).

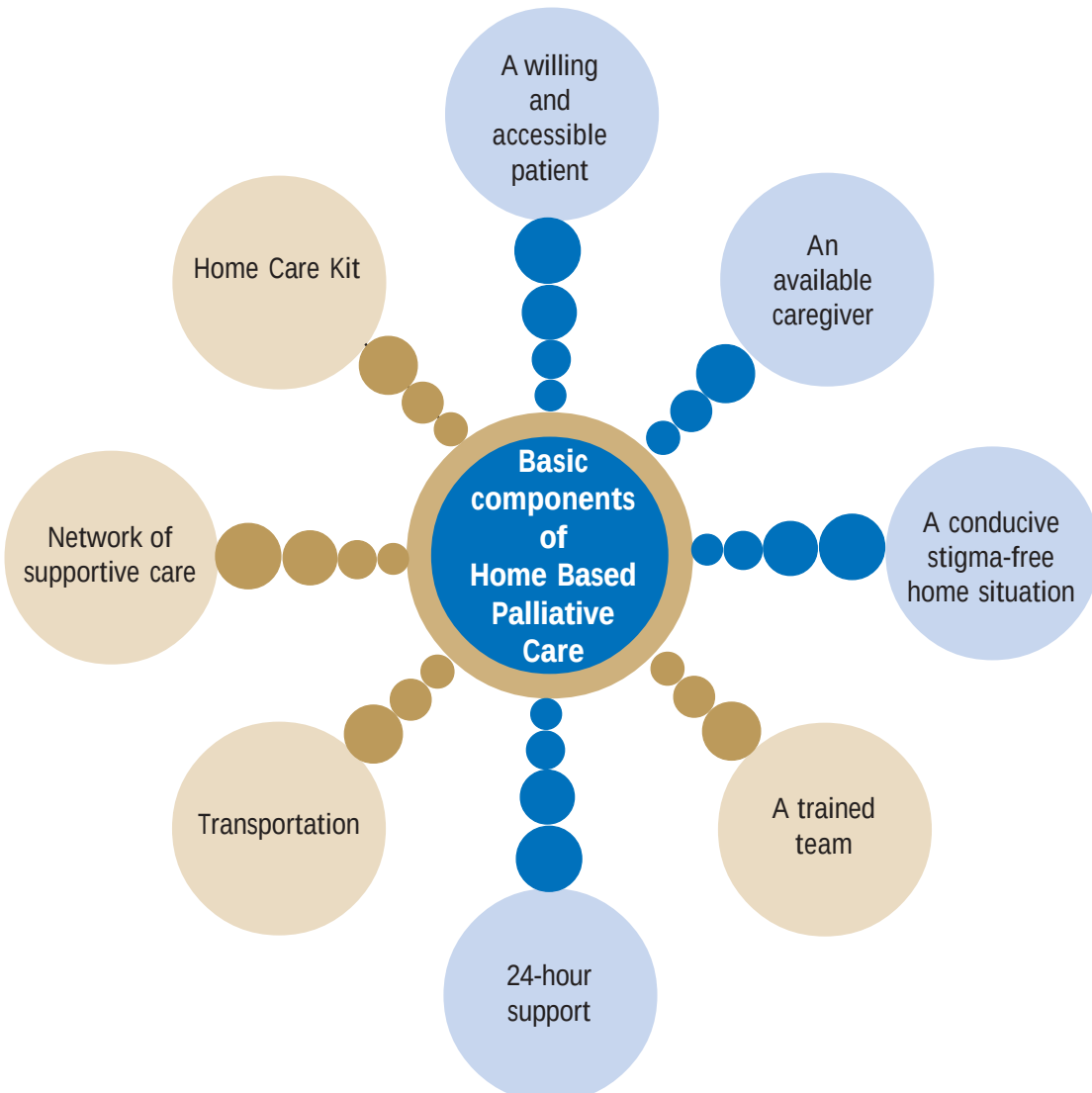


Figure 1: Components of home based palliative care

2.2 Who can deliver home based palliative care?

1. Basic infrastructure

   It is important that the organisation should have a competent team and access to basic infrastructure. Besides a safe storage space for medicines and equipment, this will include a place to meet to discuss patients and plan visits. There will also be a need for transport to visit patients' homes as well as a means of communication, like a telephone, to stay in touch with patients and their families around the clock. These are likely to be region specific and dependent on local conditions.

2. Personnel

   A full-time nurse with back-up support from a part-time doctor are the minimum required personnel for a home care team. A multi-disciplinary team of nurses, doctors, counsellors, social workers and volunteers trained for home based palliative care is ideal.

3. Training

   Training should be both theoretical and hands-on. It should be problem oriented and available in the vernacular. Training should also be offered to primary care givers who should be given leaflets with simple practical instructions for dressing of wounds, mouth care, oral morphine use, diet, hygiene, etc. Again, these should be in the local language.

Table 1: Minimum Training Standards

	Basic	Mid-level	Advanced
Doctors	Foundation Courses 3-10 days	6 week residential course	1yr/2yr Fellowships and Diplomas
Nurses	Foundation Courses 3-10 days	6 week residential course	Not available at present in India
Volunteers	16 hour theory + 4 clinical sessions	Refresher Courses	Advanced Communication Skills and Train-the-Trainer

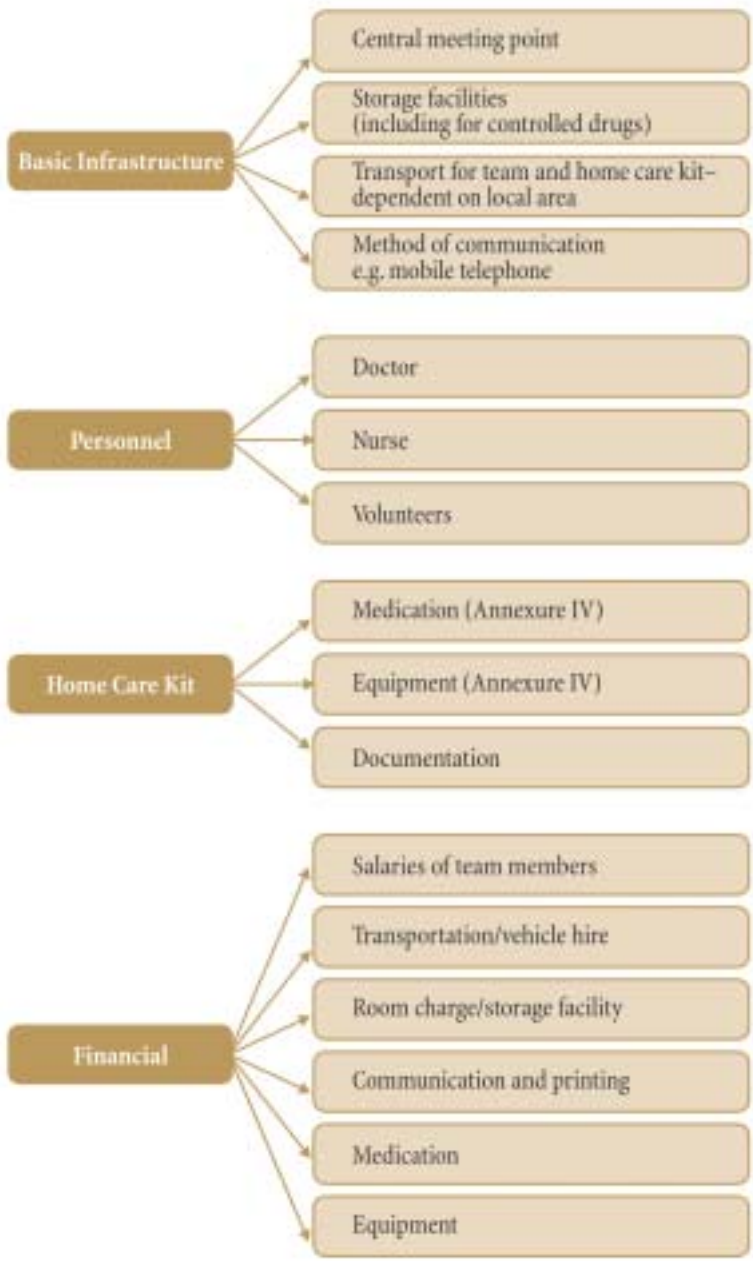
See Annexure III for more details of training institutes, courses and topics

4. Documentation and licensing procedures

   Patients' medical records must at all times be securely kept even while travelling and properly filed and maintained. The formats used to take down a patient's medical history and make a psychosocial assessment for initiating care and follow up must all follow standard guidelines (Annexure V-II). It is also advisable, where possible, to have the patient/caregiver sign a consent form (Annexure V-I). Records of utilisation of all medicines should be maintained in compliance with prevailing laws and regulations. This is especially so for narcotic drugs such as oral morphine. Licences for controlled drugs, such as morphine, once procured must be kept active and valid. At present, in the majority of states, procedures to get a licence for morphine are cumbersome and require medical institutions and palliative care units to obtain import, export and transport licences as well as interact with at least two departments of the state government – Health and Excise. Usually by the time one licence is granted the other has

expired. A few states and union territories have adopted simplified licensing procedures, reducing the number of licences that are required and transferring authority for issuing licences from the State Excise Department to the Drugs Controller in the Department of Health. These are Delhi, Haryana, Kerala, Madhya Pradesh, Orissa, Sikkim, Tamil Nadu and Tripura.

Figure 2: Minimum Requirements for a Home Care Service



2.3 Getting started: How does one begin to deliver home based palliative care?

1. Assess Need

   Assess need for palliative care in the community. Linking up with local community organisations will aid this process.

2. Register the organisation

   Register the organisation. If an NGO/NPO, it must be registered with the office of the Registrar for Societies or Trusts. Registration requires the drawing up of a Memorandum of Association in which palliative care should be listed as one of the core objectives. If there are other organisations already providing a similar service link up with them to create a network for referrals, back up and support.

3. Create an action plan

   This action plan should identify the resources needed, how they are to be obtained, the geographical area and population to be covered and also an outline of what services will be provided keeping in mind what is already available.

4. Recruit and train the home care team

   Recruit the home care team and provide training. If training not available in-house, identify a master trainer in your area or link up with a recognised training centre.

5. Recruit volunteers

   Volunteers are needed to provide supportive care as well as publicize the service and raise funds. Use known contacts, colleges, RWAs (Residents Welfare Associations), etc., to spread the word. Once

recruited, volunteers too, should be trained and encouraged to take an active part in planning and delivering the service in their community.

5. Mobilise resources

   The resources you need can initially be mobilised from a variety of sources and can be in both cash and kind. It is some times possible to share resources such as personnel, space, transport, etc., with other organisations doing similar or allied work for the community. Social clubs such as the Lions or Rotary are also keen to support organisations working for a social cause.

6. Link up

   Partner and build linkages with local health care providers for referrals and in-patient support. These may be a primary health centre, a district hospital, another NGO running a community service, say for the elderly, or a hospice.

7. Publicise service

   Publicize your service through local RWAs (Residents Welfare Associations), other care providers in the community, NGOs, social clubs, etc. Use innovative and low cost ways to spread the word such as interactive workshops, colourful displays, talks by influential members of the community, etc.

8. Encourage wider participation

   Encourage people at all levels of the community you serve to get involved. For example, students, housewives, workers, businessmen, community leaders, elected representatives, etc. This will help you get wider support to mobilise resources to expand and sustain your services and will also add to your credibility. However, do not allow narrow political or religious interests to use your platform for propagation of their points of view.

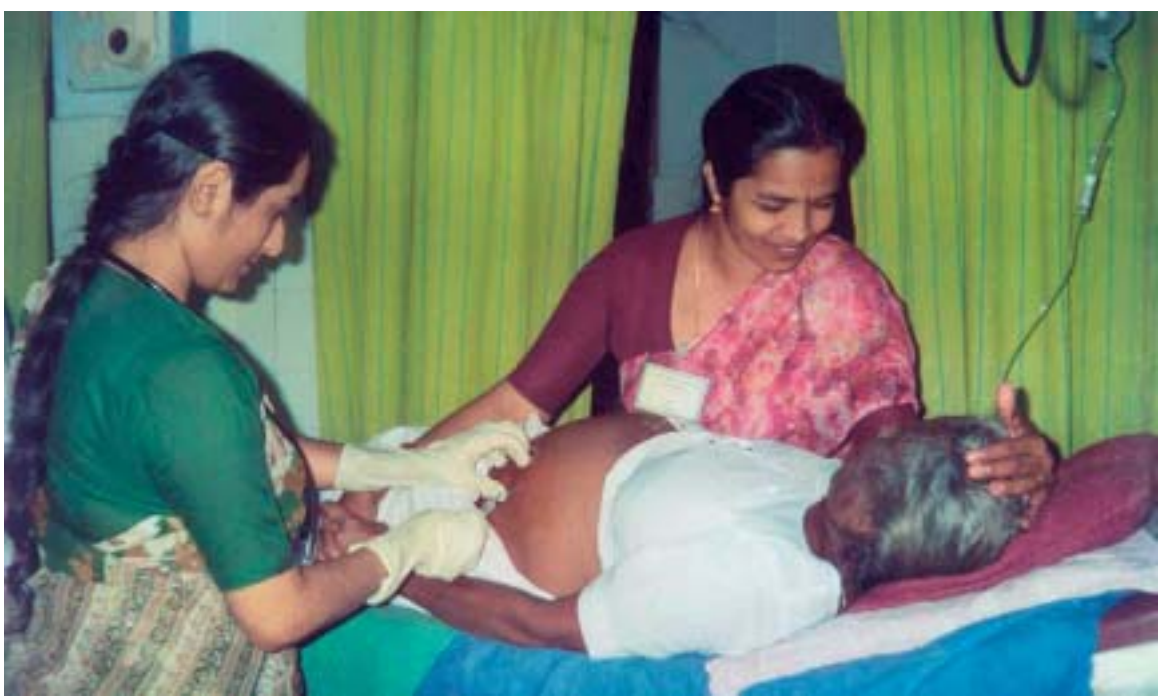
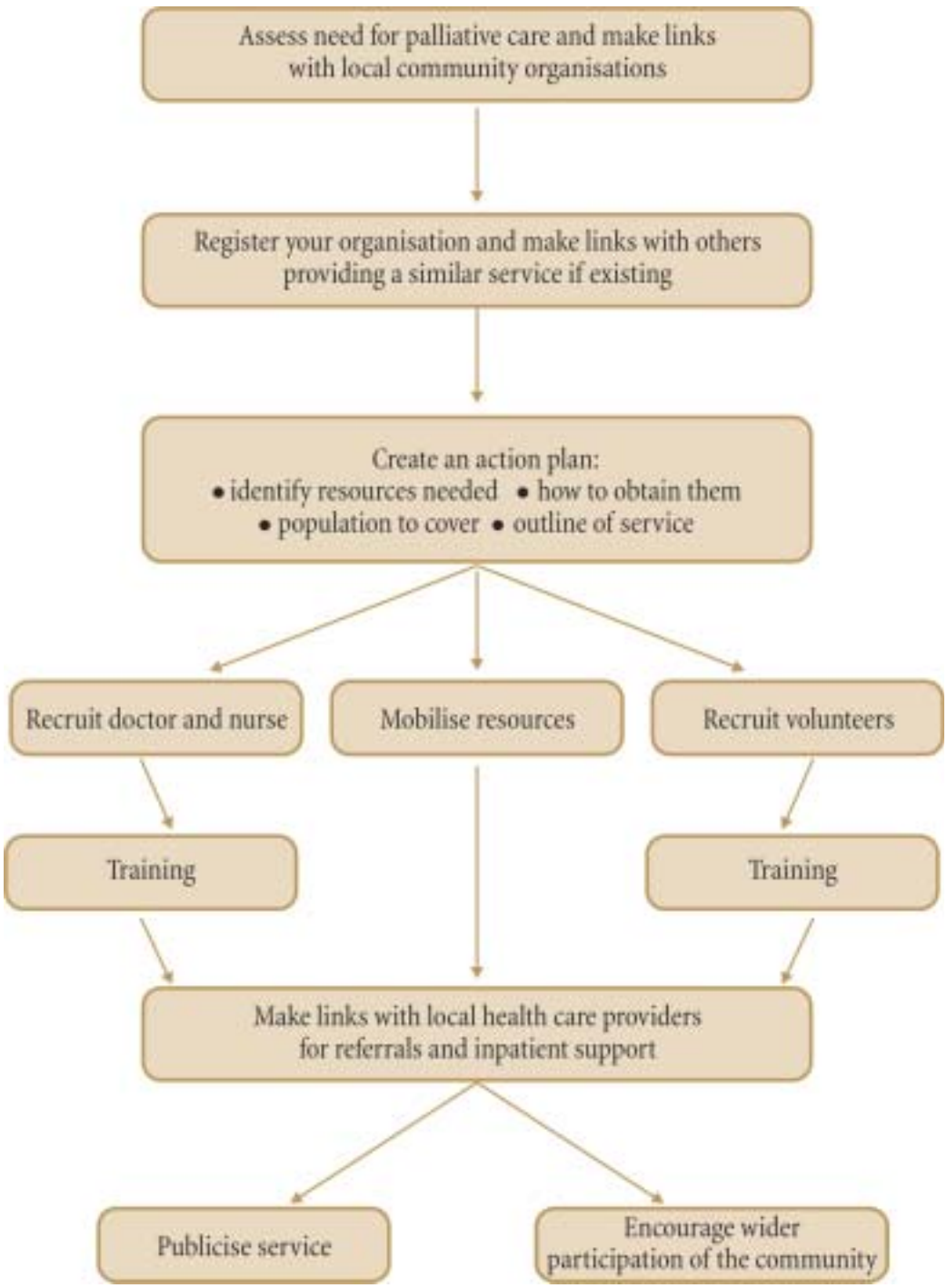


Figure 3: How to get started



ETHICAL AND LEGAL ISSUES

It is important for the home care team to be aware of the ethical and legal issues that bind them as professionals.

The principle of autonomy acknowledges the patient's rights of self determination. Implicit in autonomy is that treatment is only given with the patient's informed consent and if he/she is not competent to do so, with the consent of the primary caregiver/relative.

3.1 Autonomy

Patients have the right to refuse home care visits, treatments and supportive care at any stage of their illness. They also have the right to use complementary or alternative treatments should they wish to do so. Autonomy also extends to the right to refuse to be photographed or have their name mentioned in any publication, including the right to refuse to see visitors accompanying the home care team on visits. Patients may also refuse to enrol in a research study.

3.2 Consent

Consent should be sought in writing from the patient and/or main care giver at the initiation of the home care service. It should be informed consent. The nature of the care being offered needs to be thoroughly explained by the home care team. There is no hard and fast rule here as to how much explanation is necessary. The team will have to use their own judgement. It will also depend on the kind of questions that the patients/care givers ask. What is clear is that should the patient or the caregiver at any time decide to withdraw consent this must be complied with. As already stated, consent must also be sought for accompanying visitors who may wish to observe the home care team at work, for taking photographs of the patient and family and for any type of research.

The key is surely explanation. The more willing the team is to explain what they are doing and to communicate openly with the patient and family the easier it will be to obtain compliance on treatment and other matters. This includes explaining how the care they are offering fits in with hospital care and other services available in the community.

3.3 Confidentiality

All information about the patient and family must remain confidential within the team. Confidentiality may be broken only if it will avert a dangerous situation/damage to person or property. The patient's consent must be obtained before disclosing his/her identity and discussing their medical condition with others outside the team.

3.4 What lies outside the scope/remit of home based palliative care?

Since home based palliative care brings care to the home of the patient, the teams are often asked to meet

a variety of needs and/or intervene in a number of situations that may be beyond their scope or remit. While these boundaries will have to be drawn by each team for themselves, keeping in mind the population that is being served and the situation they are facing, there are certain salient points that need to be adhered to:

- The team should avoid taking sides in family disputes.
- The team should identify the principal caregiver.
- The team must keep the wishes of the patient uppermost even if it is in conflict with that of the family.
- Members of the team should not form independent personal relationships with the patient or any member of the family or accept gifts or hospitality.
- They should refrain from showing interest in family money or property matters.
- No member of the team should seek to derive personal financial or commercial benefit.
- The team must tailor the support they offer to their skill and resource level, using referrals when necessary.
- The team must never gossip about their patients with other patients or members of their families.
- The team must never try and foist their religious or political beliefs or cultural practices on patients.

3.5 The responsibilities of the palliative care provider

Be non-judgemental

Home care team members must listen to the patient and the family in all circumstances. They must not foist their own personal preferences or advice on them.

Communicate

At every juncture it is important for the home care team to communicate and explain what is being done or proposed to the patient and the family even if this requires several repetitions. At no time should they show irritation or rudeness because they are being asked too many questions.

Act professionally

Home care team members, including volunteers, should only carry out procedures for which they are

trained. These must be done after taking consent and the doctor on the team must take responsibility for all medical interventions. Patients must be referred on promptly when their needs cannot be met by the home care team.

Build networks

The home care team must liaise and build a network of support with other organisations/institutions that can offer further care to their patients, such as hospices, hospitals, adoption agencies, etc.

Handle death and bereavement

Death is to be certified only if the doctor on the team is physically present at the time of death. The family should be instructed to keep an emergency medical kit at home which can be used by the visiting team if necessary.

With regard to bereavement, the team should make at least one post bereavement visit after the death of the patient. If necessary, referral to a trained counsellor may be suggested for members of the family who appear to be especially distressed and inconsolable. This is also a time to collect any narcotics in the home such as tablets of oral morphine.

It is important for the home care team to support each other. They should also meet regularly under the guidance of a trained counsellor to share their experiences and feelings as the work they do is emotionally demanding and does cause burn out.

3.6 Euthanasia

Euthanasia and assisted suicide are illegal in India. They should not be practiced by any member of the team under any circumstances even if the patient and family request it.

The concept of “the living will” is also not accepted in India and has no legal sanction.

“Do not resuscitate” orders given by a patient will have to be discussed with members of the family before hand so that a collective and informed decision can be taken keeping in mind the wishes of the patient.

Annexure I

WORKSHOP ON SETTING MINIMUM STANDARDS FOR HOME CARE

23rd and 24th September 2006

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10	Ms. Renu Vohra	ARDSI	The Alzheimer's & Related Disorders Society of India ARDSI Delhi Chapter Flat No 227, 1st Floor Munirka Vihar New Delhi 110067	26167202	renuvohra@hotmail.com
11	Dr. Firuza D Patel		Department of Radiotherapy & Oncology, Regional Cancer Centre, PGIMER, Chandigarh	0172-2756392 / 2601960 9815984440	patelfd@glide.net.in
12	Dr. Anil Kumar Paleri		Pain and Palliative Care Society Calicut, Kerala 673008	9447853340	pain@vsnl.com
13	Dr. Mathews Numpeli		C/o Pain & Palliative Care Clinic, Veliyattiparamba Road Manjeri	0483-2767367 9447814667	
14	Dr. Deepa Muthaiya	Dean Foundation	Old no 73, New No 59, II Street Aspiran Garden Colony Chennai - 10	26454949 9444924949	deanfoundation@ rediffmail.com

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17	Ms. Anita Kumari	RGCI	Rajiv Gandhi Cancer Institute Sec 5, Rohini, Delhi	26925858	
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20	Mrs. Anuradha Mittal	CanSupport	Kanak Durga Basti Vikas Kendra Near New CGHS Dispensary Sector 12, R K Puram New Delhi 110 022	26102851 / 69	
21	Dr. Sandhya Bajpai	CanSupport	Kanak Durga Basti Vikas Kendra Near New CGHS Dispensary Sector 12, R K Puram New Delhi 110 022	26102851 / 69	
22	Dr. Meenu Singh	CanSupport	Kanak Durga Basti Vikas Kendra Near New CGHS Dispensary Sector 12, R K Puram New Delhi 110 022	26102851 / 69	
23	Dr. Wazida T Rahman	CanSupport	Kanak Durga Basti Vikas Kendra Near New CGHS Dispensary Sector 12, R K Puram New Delhi 110 022	26102851 / 69	
24	Dr. Divya Pal Singh	CanSupport	Kanak Durga Basti Vikas Kendra Near New CGHS Dispensary Sector 12, R K Puram New Delhi 110 022	26102851 / 69	
25	Sr Agnes Panikulam	CanSupport	Kanak Durga Basti Vikas Kendra Near New CGHS Dispensary Sector 12, R K Puram New Delhi 110 022	26102851 / 69	
26	Ms. Sheena K Verghese	CanSupport	Kanak Durga Basti Vikas Kendra Near New CGHS Dispensary Sector 12, R K Puram New Delhi 110 022	26102851 / 69	
27	Ms. Sophiamma Sam	CanSupport	Kanak Durga Basti Vikas Kendra Near New CGHS Dispensary Sector 12, R K Puram New Delhi 110 022	26102851 / 69	
28	Ms. Maniamma R	CanSupport	Kanak Durga Basti Vikas Kendra Near New CGHS Dispensary Sector 12, R K Puram New Delhi 110 022	26102851 / 69	

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30	Ms. Jiji Thomas	CanSupport	Kanak Durga Basti Vikas Kendra Near New CGHS Dispensary Sector 12, R K Puram New Delhi 110 022	26102851 / 69	
31	Ms. Rema Devi K S	CanSupport	Kanak Durga Basti Vikas Kendra Near New CGHS Dispensary Sector 12, R K Puram New Delhi 110 022	26102851 / 69	
32	Ms. Mary Alex	CanSupport	Kanak Durga Basti Vikas Kendra Near New CGHS Dispensary Sector 12, R K Puram New Delhi 110 022	26102851 / 69	
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ASSAM

Digboi Pain & Palliative Care Society
Bapupang, **Digboi**
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Christian Medical Association of India
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GOA

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Shimla Medical College, **Shimla**
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JAMMU & KASHMIR

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Karunashraya Bangalore Hospice Trust
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Assissi Hospice & Palliative Care Centre
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Pain & Palliative Care Clinic
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ELAMKULAM

Bethany Shalom Pain & Palliative Care Hospice
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Santhwana Pain & Palliative Care Clinic
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Santhwanam Pain & Palliative Care Society
Bharat Rural Hospital & Training Centre
South Kuriappilly P.O., **Moothakunnam** Elamkulam
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Department of Pain Relief & Palliative Care,
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Little Flower Hospital & Research Centre
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Pain & Palliative Care Unit
Santhisadhan, **Kulamavu** P.O.
Idukki 685601
Contact person: Dr. Sr. Josephine
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Rotary Pain & Palliative Care Clinic
Karubhavan, Punjarkandam, **Adimali,** Idukki
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Santhwanakendram Pain & Palliative Care Clinic, Bishop Vayalil, Medical Centre
Moolamattom, Idukki
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Pain & Palliative Care Clinic
Malabar Cancer Care Society
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Pain & Palliative Care Clinic
District Hospital, **Kannur**
Contact person: Dr. Latish Kumar
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Pain & Palliative Care Clinic
St. Camillus Hospital, Chungakunnu
Kottiyoor 670 651, Kannur
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Pain & Palliative Care Clinic
Government Hospital, **Tellicherry**, Kannur
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Pain & Palliative Care Clinic
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Palliative Care Clinic
Karinthalam P.O. Karinthalam,
Neelaswaram, Kasargod
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Pain & Palliative Care Clinic
NBRR Unit, RCC Foundation Hospital
Neendakara, Kollam
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Pain & Palliative Care Clinic
District Hospital, **Kollam** 691001
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Pain & Palliative Care Clinic
St. Joseph's Mission Hospital
Anchal, **Kollam**
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Pain & Palliative Care Clinic
Holycross Hospital, **Kottiyam**, Kollam
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Pain & Palliative Care Clinic
Chinnakada Opp. KSFE Building, **Kollam**
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Pain & Palliative Care Clinic
PMR Hospital
Eravipuram, **Kollam**
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KOTTAYAM

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Edamattom, Bharanaganam, P.O. **Pala**
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Pain & Palliative Care Unit
Karithas Cancer Institute
Thellakom (P.O.), Kottayam
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Pain & Palliative Care Clinic
Mandiram Hospital, P.O. **Manganam**
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Pain & Palliative Care Clinic
Mercy Nursing Home Karu
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KOZHIKODE

City Pain Palliative Care Clinic
Chirukandan Memorial Hospital
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Daya Pain & Palliative Care Clinic
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Nut Street, **Vadakara**, Kozhikode
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Edacheery North, Near EN UP School
Kozhikode 673520
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Grace Palliative Care Clinic
Mukkom, Kozhikode
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Institute of Palliative Medicine
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Lisa Pain & Palliative Care Clinic
Thiruvambadi, Kozhikode
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Nadapuram Pain & Palliative Care Clinic
P.O. **Nadapuram**, Kozhikode 673632
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Navadhara Pain & Palliative Care Clinic
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Pain & Palliative Care Clinic
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Pain & Palliative Care Clinic
Koottalida, Avitanalloor
Naduvannur, Kozhikode
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Pain & Palliative Care Clinic
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Pain & Palliative Care Clinic
Kodancehri, Kozhikode
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Pain & Palliative Care Clinic
Kunnamangalam, Kozhikode
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Pain & Palliative Care Clinic
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Pain & Palliative Care Unit
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Mr. Johnson, Tel: 0496 2660911

Santhwanam Pain & Palliative Charitable
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Karuvarakkund Palliative Care Clinic
Kizhakkethala, Tharish P.O.
Karuvarakkund, Malappuram
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Palliative Care Clinic
Block Panchayath Office
Pattambi Road, **Edappal**, Malappuram
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Palliative Care Clinic
Near Sullamussalam Arabic College
Malappuram
Tel: 0483 2854330
Contact person: Mr. Labeed
Tel: 9447631876

Palliative Care Clinic
Chanthappady Near Irshad English School
Mellattur, Malappuram
Tel: 9446331158
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Tel: 9447631248

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Veetikunnu Road, **Pookottumpadam**
Malappuram 679332 Tel: 04931261900
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Palliative Care Clinic
Near Government Hospital
R.M.O Compound, **Perinthalmanna**
Malappuram Tel: 04933 218623
Contact person: Mr. Dasan
Tel: 04933 218623

Palliative Care Clinic
Salafi Bulding, **Tirur**, Malappuram 676101
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Palliative Care Clinic
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Palliative Care Clinic
Manjeri Road, **Wandoor**, Malappuram
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Contact person: Mr. Jaseer
Tel: 9947962625

Palliative Care Clinic
Old Government Hospital
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Palliative Care Clinic
Near Block Office, **Tanoor**, Malappuram
Contact person: Mr. Abdunnasar
Tel: 9447157786

Palliative Care Clinic, Opp. Sub Reg Office
C.C. Cottage, **Malappuram**
Tel: 9847357729
Contact person: Mr. Muneer Musthafa
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Palliative Care Clinic, Near Post Office
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Palliative Care Clinic, P H C Kunnumpuram
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Malappuram 673645
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PALAKKAD

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Maulana Hospital Pain & Palliative Care Clinic
Maulana Hospital, **Perinthalmanna**
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Palliative Care Clinic
Kunthipuza **Mannarkad** (P.O.)
Palakkad Tel: 0492 4225659
Contact person: Mr. Faisal
Tel: 9446877611

Palliative Care Clinic
Veyaparabhavan, Ottapalam Road
Cherupulassery, Palakkad
Contact person: Mr. Kesavsan
Tel: 9249866528

Palliative Care Clinic
Sharadha Samajam Building
Opp. Railway Station, **Pattambi**, Palakkad
Contact person: Mr. Mohanan
Tel: 9446435695

Palliative Care Clinic
Ottapalam Welfare Trust
Thottakkara, **Ottapalam**, Palakkad
Contact person: Mr. Revindran
Tel: 9447044514

Peace Pain & Palliative Care Clinic
Valliparamba Road, Islamic Cultural Centre
Kunnathoormadu P.O., Palakkad
Contact person: Mr. Saidh Mujahid
Tel: 9447621375

THRISSUR

Health Care Institute
Sringapuram, **Kodungallur**, Thrissur
Tel: 0480 2808370 (Secretary)

Pain & Palliative Care, Community Health Centre
Thrithallur, Thrissur
Contact person: Mr. Dharmarajan
Tel: 9846472486

Pain & Palliative Care
Government Hospital
Kunnamkulam, Thrissur
Contact person: Mr. Babu Tel: 9447994811

Pain & Palliative Care Clinic
Medical College, **Thrissur**
Contact person: Dr. Divakaran E.
Tel: 0487 2381007

Pain & Palliative Care Clinic
Life Care Movement Society
Maharaja Tourist Home, **Guruvayur**
Thrissur
Tel: 0487 2556369 (Secretary)

Pain & Palliative Care Clinic
Ansar Hospital, **Perumpilavu**, Thrissur
Tel: 04885 289042 (Director)

Pain & Palliative Care Clinic
Alpha Pain Clinic, **Edamuttam**, Thrissur
Tel: 0480 2835100 (Secretary)

Pain & Palliative Care Clinic
Government Hospital, **Puthukkad**, Thrissur
Contact person: Dr. Nalini, Tel: 9847052875

Pain & Palliative Care Clinic
Public Health Centre, **Vadakkekad**, Thrissur
Tel: 9447060707 (Secretary)

Pain & Palliative Care Society
District Hospital, **Thrissur**
Tel: 0487 2322128
Contact persons:
Mr. Sasikumaran Raja, Tel: 9447442354
Dr. Divakaran, Tel: 9447308707

Palliative Care Clinic, Ansar Hospital
Perumbilavu P.O., **Thrissur**
Tel: 04885 282078
Contact person: Dr. Najuma P. A.

TIRUR

Karuna Pain & Palliative Care Clinic
Thazheppalam, Tirur 676 101
Tel: 0494 2431769
Contact person: Dr. Jayakrishnan

THIRUVANANTHAPURAM

Karakonam Initiative in Palliative Assistance
Dr. SMCSI Medical College
Karakonam, Thiruvananthapuram
Contact person: Dr. S Gopinathan Nair
Tel: 9847004672

Nanniyode Pain & Palliative Care Society
Reshmi, Nanniyode, Puliyoor, **Pacha** P.O.
Thiruvananthapuram 695562
Contact person: Mr. K. Chakrapany
Tel: 04722840264, 9447771264
Dr. M. R. Rajagopal, Tel: 9387296889

Pain & Palliative Care Clinic, Melamkode
Nedumangadu, Thiruvananthapuram
Contact person: Dr. Jalaja
Tel: 0471 3295335

Pain & Palliative Care Clinic, Taluk Hospital
Neyyattinkara, Thiruvananthapuram
Contact person: Dr. Jalaja
Tel: 0471 2222235, 0471 3295335

Pain & Palliative Care Clinic
Sukrutham PPCS, Vinit Library
Muttakadu P.O., Venganoor
Thiruvananthapuram
Contact person: Mr. Sreekumar &
Dr. M. R. Rajagopal Tel: 9387296889

Pain & Palliative Care Clinic
Modern Medicine Wing
Pankaja Kasthuri Ayurveda Medical College
Kattakkada, Thiruvananthapuram
Contact person: Dr. Gireesha Prasad
Tel: 09447062740
E-mail: gireesaprasad1@rediffmail.com

Pain & Palliative Care Clinic
NIMS Hospital, Aralummoodu
Neyyattinkara, **T**hiruvananthapuram
Contact person: Dr. Cherian Job
Tel: 09447398670

Pain & Palliative Care Clinic
CSI Mission Hospital, **Attingal**
Thiruvananthapuram
Contact person: Rev. Fr. Justine Jose
Tel: 9446811141, 0470 2622455

Pain & Palliative Care Clinic
Kolath Hospital, **Peroorkada**
Thiruvananthapuram
Contact person: Dr. P George Varghese
Tel: 0471 2433327, 0471 2435604

Pain & Palliative Care Clinic
Medical Mission Hospital, Kochullur
Pongummoode, Thiruvananthapuram
Contact person: Dr. George Varghese
Tel: 0471 2557007

Palliative Care Division
Regional Cancer Centre
Thiruvananthapuram 695011
Contact persons: Dr. Cherian Koshy &
Dr. Prasanth C.V., Tel: 0471 2522436,
0471 2522272, 0471 2522363

Trivandrum Institute of Palliative Sciences
SUT Hospital, **Pattom,** Thiruvananthapuram
Contact persons:
Dr. M. R. Rajagopal & Dr. Nirmala
Tel: 9387296889, 04713 257400

WYNAD

Ambalavayal Pain & Palliative Care Clinic
Ambalavayal P.O., Wynad
Contact person: Mr. Thomas, 9495031159

Daya Pain & Palliative Care Centre
Pinnangodemukku, Wynad
Contact person: Mr. Surendran
Tel: 9447934306

Jyothi Pain & Palliative Care Clinic
Mooppanad, **Meppadi**, Wynad
Contact person: Vijayakumari
Tel: 9349457556, 04936 281031

Karunya Pain & Palliative Care Clinic
P.B. No. 21, **Pulpally**, Wynad 673579
Contact person: Mr. Lucka, Tel: 9447083958
Mr. Emmanual, Tel: 9446253980

Pain & Palliative Care Clinic
Blood Bank, District
Hospital, **Mananthavady**, Wynad
Contact person: Dr. Nita Vijayan
Tel: 04935 240071

Pain & Palliative Care Clinic
District Hospital, **Mananthavadi**, Wynad
Contact person: Mr. Raghavan
Tel: 9847387164

Pain & Palliative Care Clinic
Community Health Centre
Cheeral Road, **Sulthan Bathery**, Wynad
Contact person: Dr. (Sr.) Scholastica
Tel: 04936 220476

Pain & Palliative Care Clinic
Goodshepherd Hospital, **Vythiri**, Wynad
Contact person: Dr. Sr. Jose Marry
Tel: 9446159297, 04936 255331

Pain & Palliative Care Centre
Government Hospital, Panamaram
Wynad

Pain & Palliative Care Clinic
Swami Vivekananda Medical Mission
Hospital, **Muttil**, Wynad
Contact person: Dr. Anuj Singhal
Tel: 04936 202528, 04936 206221,
9446256744

Palliative Care Short Day Staying Centre
Christ the King Convent
Panamaram P.O., Wynad
Tel: 9249138858

Palliative Care Unit
Nadavayal, Wynad
Contact persons:
Ms. Mary, Tel: 9249959312
Mr. Vincent, Tel: 04936 210237

Samskara Palliative Care Unit
Padinjarethara, Wynad
Contact person: Mr. Mayin
Tel: 9446648056

Santhwanam Pain & Palliative Care Clinic
IMA Hall, Police Station Road
Sulthan Batheri, Wynad
Contact persons:
Mr. Nadeer, Tel: 9447235979
Mr. Yohannan, Tel: 9447316140

Shanthi Pain & Palliative Care Unit
6 Cosmopolitan Club Building
Kalpetta, Wynad
Contact person: Mr. Gafoor
Tel: 9447304316

MADHYA PRADESH

Indore Cancer Foundation
Raj Tilak Uanishpurl, Saket Extension
Indore 452 001

Jawaharlal Nehru Cancer Hospital
Idgah Hills, P.B. No. 32, **Bhopal** 462 001
Tel: 0755 2665720, 2666374
Fax: 0755 2738325
Email: jncancer@sancharnet.in

Pain & Palliative Care Centre
Imami Gate, **Bhopal** 462 001
Telefax: 0755 531615
Email: ppcbplmp@bom6.vsnl.net.in

MAHARASHTRA

Bhaktivedanta Hospital
Sector 1, Shristri Complex, Mira Road East
Thane, Mumbai 401 107
Tel: 022 8101884 Fax: 022 8101885
E-mail: sridama.rna@com.bbt.se

Cipla Foundation's Cancer Palliative Care Centre, 118/1, Opposite Popular Nagar Mumbai-Bangalore Highway By-pass Warje, **Pune** 411 029
Contact person: Dr. Anuradha Sowani
Tel: 0212 366835
Fax: 0212 235010

Medical Director, Palliative Care Clinic
Tata Memorial Hospital
Parel, **Mumbai** 400 012
Contact person: Dr. M.A. Muckaden
Tel: 022 4146750

Shanti Avedna Ashram
216, Mount Mary Road
Bandra **Mumbai** 400 050
Tel: 022 6427464 Fax: 022 64218889
E-mail: incancel@glasbm01.vsnl.net.in
Contact person: Dr. L .J.D'Souza, Medical Director

ORISSA

Pain Clinic, A H Regional Cancer Centre
Mangalabag, **Cuttack** 753 007
Tel: (R) 0671 30440091, 0671 614683
0671 627780 Ext: 501
E-mail: suka@iname.com
Contact person: Dr. Sukdev Nayak

PUNJAB

Palliative Care Clinic
Department of Anaesthesia
Christian Medical College
Ludhiana 141 008
Contact person: Dr. Narjot
Tel: 91 61 650551 Fax: 91 61 609958

RAJASTHAN

Acharya Tulsi Regional Cancer Treatment & Research Institute (RCC)
Associated Group of Hospitals
S.P. Medical College
Bikaner 334 003
Tel: 540063
Contact person: Dr. Ashok Kalwar Khailshanker

Durlabhji Avedna Ashram
Santokba Durlabhji Memorial Hospital Campus
Bhawani Singh Road, **Jaipur** 302 015
Tel: 0141 2566251 Extn: 380
Fax: 0141 2565565
Email: info@avedna.org
www.avedna.org

TAMIL NADU

Arulagam Hospice
Bangarupuram, Reddiarchatram
Dindigal District 624 622
Tel: 0451 54202

Dean Foundation
Hospice & Palliative Care Centre
Old No.73, New No.59, II Street
Aspiran Garden Colony, Kilpauk
Chennai 600 102
Contact person: Ms Deepa Muthaiya
Tel: 044 6454949, Fax: 044 4962352
E-mail: deanf@vsnl.com

Jeevodaya Hospice
Jeevodaya Hospice For Cancer Patients
1/86, Kamaraj Road, Mathur, Manali
Chennai 600 068
Tel: 044 5555565 / 5559671
Email: jeevodaya@vsnl.com
www.jeevodaya.org
Contact person: Sr. Lalita F.C.C, Chairman

Pain & Palliative Care Clinic
Sundaravadanan Nursing Home
Poonarnallee High Road
Chennai 600 084
Tel: 044 6412099, 6411336
Email: sansen@md3.vsnl.net.in
Contact: Dr. Mallika Tiruvadanan

Palliative Care Service
St Thomas Leprosy Hospital
Chetpettu, TV Malai District
Contact person: Sr. Chinnamma

Palliative Care Service
CSI Mission Hospital, **Erode**
Contact person: Dr. Prabhu Premkumar

Palliative Care Unit
Christian Medical College, **Vellore** 632004
Tel: 0416 228315
E-mail: palcare@cmcvellore.ac.in
Contact person: Dr. Reena George

Raksha Hospice
GKNM Hospital, **Coimbatore**
Contact person: Dr. Arvind Bhatnagar

Sudarshana Palliative Care Hospital
119- D, Palayam Bazar, Woraiur
Tiruchirapalli 3
Tel: 0431 2761171, 9345116599
Contact person: Dr. Mohanasundaram

UTTAR PRADESH

Aastha, Centre for Geriatric Medicine
Palliative Care, Hospice & Hospital
Atal Chauraha, Jankipuram, **Lucknow**
Tel: 09415015050 Fax: 0522 2338805
Email: hospice_india@yahoo.com
www.familydoctor.org/hospice_hospital

Pain & Palliative Care Clinic
Institute of Medical Sciences
Banaras Hindu University
Varanasi 221 005
Tel: 0542 317050, 316591 (R)
E-mail: akram@banaras.ernet.in
Contact person: Dr. Akram Lal

WEST BENGAL

Department of Anaesthesiology
Chittaranjan National Cancer Institute
37 S.P. Mukherjee Road
Kolkata 700 026
Tel: 033 4765101, 5102 Extn: 378
E-mail: cncinst@vsnl.com
Contact person: Dr. Mitali Sengupta

Sambedna, Madhyagram
24 Parganas, Near Kolkata
Contact person: Dr. Mrinal Bhattacharya, Consultant Oncologist

TOPICS FOR TRAINING FOR HOME CARE TEAM AND CARERS

It may be noted that, while there is likely to be an overlap of topics at the basic level so that every team member has a general overview and understanding of palliative care and what their role is, further training that supports each groups specific professional needs is desirable. For example, doctors may need to know more about symptom control while nurses may need to learn more about wound care.

Introduction to Palliative Care

1 Definition and scope
2 The concept of quality of life
3 Needs of a patient with a life threatening illness – physical, psychological, social and spiritual
4 Meeting the needs through a multi-disciplinary professional approach
5 Role of each member on the team

Requirements of Home Based Palliative Care

1 Getting started – resources, personnel, etc.
2 Building linkages in the served community
3 Records and Formats required
4 Delivering the care
5 Training
6 Assessment and monitoring

Management of Physical Symptoms in Advanced Disease

1 Pain
2 Respiratory distress
3 Gastro-intestinal symptoms
4 Delirium or confusion
5 Anorexia and cachexia
6 Fatigue
7 Anxiety and sleep disturbances
8 Depression

Communication

1 Effective listening
2 To tell or not to tell
3 Breaking bad news
4 Handling difficult questions

Psychosocial Care and Emotional Support

1 Psychosocial distress and end of life issues
2 Impact on the patient and the family
3 Understanding family dynamics
4 Managing psychosocial distress in children
5 When to refer to a specialist for depression
6 Using trained volunteers for emotional support

Nursing Needs of the Terminally Ill

1 Care of bed ridden patients
2 Prevention and management of bed-sores
3 Care of fungating and/or smelly wounds
4 Mouth care
5 Stoma care
6 Lymphoedema care
7 Catheter care
8 Feeding and nutrition
9 Hands on training for care givers including home care safety tips

The Final Phase

1 The physiology of dying
2 Ethical and appropriate symptomatic treatment
3 Special needs of the last 48 hours
4 Communicating with the patient and the family
5 Special needs of children
6 Referrals to hospice/inpatient care
7 Spiritual support
8 Bereavement support for the family
9 Dealing with staff stress

The Ethics of Palliative Care

1 Medical ethics
2 Patient autonomy
3 Supporting the family
4 Confidentiality
5 Dealing with final requests of the patient
6 Handling the demand for Euthanasia

Training Courses Available

Course	Site
DOCTORS (National)	
Fellowship in Palliative Medicine	**CMAI** and **IPM** (National)
IAPC Essentials of Palliative Medicine	**IAPC** and regional centres (National) To be commenced in 2008
DOCTORS (Regional)	
Foundation Course in Palliative Medicine	Chandigarh, **PGIMER**; Kerala, Kozhikode, I**PM**; Tamil Nadu, Chennai, **Chennai Association of Palliative Care**; Delhi, **CanSupport/IRCH**; Karnataka, Bangalore, **Kidwai Memorial Institute of Oncology**
Six week residential course	Kerala, Kozhikode, I**PM**; Andhra Pradesh, Hyderabad, **MNJ Institute of Oncology**
NURSES	
Foundation Course	Kerala, Kozhikode, **IPM**; Tamil Nadu, Chennai, **Chennai Association of Palliative Care**; Delhi, **CanSupport/IRCH**; Karnataka, Bangalore, **Karunashyraya Hospice**
Six week residential course	Kerala, Kozhikode, **IPM**
VOLUNTEERS	
Basic and Advanced Training Course	Karnataka, Bangalore, **Bangalore Baptist Hospital**; Kerala, Kozhikode, **IPM**; Delhi, **CanSupport**

FOR FURTHER DETAILS CONTACT

Bangalore Baptist Hospital Palliative Care Programme
Bellary Road, Hebbal
Bangalore 560024, Karnataka
Tel: 080 3330321 Fax: 080 3333408
Email: baptist@giabg01.vsnl.net.in
Contact person: Dr. Stanley C. Macaden

CanSupport Home Care Services
Kanak Durga Basti Vikas Kendra
Sector-12, RK Puram, New Delhi 110 022
Tel: 011 26102851/ 26102869
Email: cansup_india@hotmail.com
www.cansupport.org
Contact Person: Ms Harmala Gupta, President

Chennai Association of Palliative Care
C/o Pain and Palliative Care Clinic
Sundaravadanan Nursing Home
Poonarnallee High Road, Chennai 600 084
Tel: 044 6412099; 6411336
Email: sansen@md3.vsnl.net.in
Contact person: Dr. Mallika Tiruvadanan

Christian Medical Association of India (CMAI)
Plot No 2, A-3 Shopping Centre
Janakpuri, New Delhi 110058
Phone: 011 255 99991 Fax: 011 255 98150
Contact person: Rev. KG Daniel, Secretary

Department of Pain and Palliative Care
Kidwai Memorial Institute of Oncology
Dr. M H Marigonda Road
Bangalore 560 029 Karnataka
Tel: 080 6560708 Fax: 080 6560723
Email: root@kidwai.kar.nic.in
Contact person: Dr. LG Linge Gowda

Department of Palliative Care
MNJ Institute of Oncology & RCC
Redhills, Hyderabad 500 004
Andhra Pradesh
Tel: 040 23397000 Fax: 040 23314063
Email: mnj.palliative@gmail.com
Contact person: Dr. Durga Prasad, In-charge

Department of Radiotherapy
Post Graduate Institute of Medical Education & Research (PGIMER)
Chandigarh 12
Tel: 0172 541032-38 Ext 524, 320
Fax: 0172 744401, 745078
Res: 0172 601960
Email: medinst@pgi.chd.nic.in
Contact person: Dr. Firuza Patel

Indian Association of Palliative Care (IAPC)
Contact person: Dr. Sukdev Nayak, President

Pain Clinic
A H Regional Cancer Centre
Mangalabag, Cuttack 753007 Orissa
Tel: (R) 0671 304400
(O) 0671 614683, 627780 Ext 501
Email: suka@iname.com

Institute of Palliative Medicine (IPM)
Pain and Palliative Care Clinic
Medical College, Kozhikode 673 008 Kerala
Tel: 0495 2359157 Fax:0495 2354897
Email: pain@vsnl.com
Contact person: Dr. Anil Kumar Paleri

Institute Rotary Cancer Hospital Pain Clinic
All India Institute of Medical Sciences (AIIMS)
Ansari Nagar, New Delhi 110029
Tel: 011 26864851
Contact person: Dr. Sushma Bhatnagar

Karunashraya Hospice
Bangalore Hospice Trust
Airport-Varthur Main Road
Marathahalli, Bangalore 560037 Karnataka
Tel: 080 8476133 / 8476509
Fax: 080 8476201
Email: karuna@bgl. vsnl.net.in, ksrao@blr.vsnl.net.in
Contact person: Dr. Kishore. S. Rao, Managing Trustee

BASIC MEDICINES, MEDICAL EQUIPMENT AND SUPPLIES

Equipment
Stethoscope
BP Apparatus
Torch
Thermometer
Tongue Depressors
Forceps

Supportive Equipment as per Patient's need
Backrests
Air Mattresses
Water Mattresses
Suction Machines
Nebulizers
Wheel Chairs
Walkers
Bath Chairs
Bed pans/Commodes

Supplies
Dressing Supplies
Cotton
Scissors
Gauze Pieces
Gauze bandages
Dressing Trays
Gloves
Micropore Tapes
Transfusion Supplies
IV Sets
Intracath and Butterfly Needles
Syringes and Needles
Tubes and Bags
Suction Catheters
Urinary Catherters
Condom Catheters
Urine Bags
Feeding Tubes

MEDICINES (Tablets, Capsules, Syrups, Injections, Ointments, Suppositories)

Pain Control
Paracetamol
Ibuprofen
Diclofenac
Codeine Phosphate
Tramadol
Morphine
Gabapentine

Gastrointestinal Symptom Management
Metaclopramide
Domperidone
Dexamethasone
Bisacodyl
Loperamide
Oral Rehydration Salts
Ranitidine

Wound Management
Betadine Lotion and Ointment
Metrogyl Jelly
Hydrogen Peroxide

Psychological Symptom Management
Diazepam
Haloperidol
Amitriptyline

Antibiotics and Antifungals
Ciprofloxacin
Metronidazole
Amoxycillin
Fluconazole

Nutritional Supplements
High Protein and Calorie Food Supplements
Iron, Vitamin and Mineral Supplements

Other Miscellaneous
Spirit
Lignocaine Jelly
Ethamsylate
Deriphylline
Cough Preparations

Consent letter for home visits by the Home Care Team

I, _____

residing at _____

_____

_____

do hereby give my consent to members of the _____ Home Care Team to begin visiting me/my patient at home/place of residence to offer treatment and support aimed at providing care and comfort. I/my patient was explained about palliative care and we fully understand the scope of care and its implications. I understand that a team trained in palliative care will visit me/my patient based on my/my patient's convenience and need for care and attention. I/my patient acknowledge that the care offered by the team is for symptom relief and not for curative care. These visits will be of mutual convenience and will depend on my/my patient's need for care, reassurance and emotional support. An effort will be made to involve me/my patient in all decisions related to care so that we are better able to understand and cope and make informed decisions.

I/my patient further understand that should there be a need to contact the team outside visiting hours or in the event of an emergency we shall be given a number we can contact and the palliative care team cannot take all responsibility for my/my patient's care in all situations. I/my patient also understand that should I/my patient at any time wish to discontinue with the services of the Home Care Team we may do so. We are also free to try any other therapies during this period and we will inform the same to the palliative care team.

Date **Signature**

Patient History and Assessment Form

Pain Clinic No_____ IP / OP No_____ Referred by_____

Speciality_____

Date: _____ Ward_____ Ref. No

Home Care ☐ Community Volunteer ☐ Name of the assessor ☐

Link Centre 1 _____ Reg. No.:_____ Case notes sent on _____

2 _____ Reg. No.:_____ _____

Name: Age: Sex: M ☐ F ☐

Address:
(With Pin & Tel.)

Other Contact Address:
(With Pin & Tel.)

Identification marks (Only if applying for railway concession)
1). 2).

Panchayat

APL / BPL RC No. ☐☐☐☐☐☐☐☐☐☐

Route with distance:

Name of the carer & relationship to the patient:

SYMPTOMS

1. Pain	6. Heartburn	11. Drowsiness	16. Urinary Symptoms
2. Nausea	7. Difficulty in swallowing	12. Confusion	17. Swelling
3. Vomiting	8. Cough	13. Tiredness	18. Ulcer
4. Loss of Appetite	9. Breathlessness	14. Itching	19. Foul smell
5. Constipation	10. Sleeplessness	15. Sore mouth	20. Others

Most distressing symptoms

Patient History and Assessment Form

PAIN

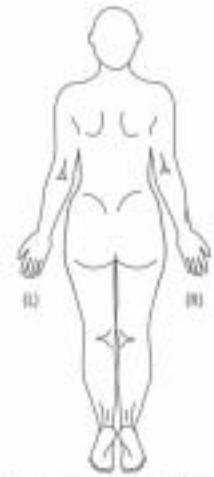
Body Chart

Scale

0 1 2 3 4 5 6 7 8 9 10

No Mild Moderate Severe Excruciating

(When the patient is unable to score the pain)



Complementary Therapy:

Ayurveda	Homoeo	Naturopathy	Herbal	Siddha	Unani	Nil

FAMILY TREE

FAMILY DETAILS (Use separate sheet if necessary)

Family members name (Including patient)	Relationship with patient	Age	Education	Job	Marital status	Chronic diseases	Remarks

Any other source of income:

Financial Status

W	MC	P	VP

Patient History and Assessment Form

PATIENT'S INSIGHT

- Impression about the disease
- Concerns of the patient
- Concerns of the family
- Prioritisation of the problems
- Summary
- Plans

Date: Time: Signature:

HISTORY OF THE ILLNESS & EVALUATION OF PRESENTING SYMPTOMS

CURRENT MEDICATION (DRUGS WITH DOSE AND RESPONSE)

Patient History and Assessment Form

PREVIOUS TREATMENT

Surgery (Date, Type of Surgery & Findings):

Radiation (site, dose & no. of sittings):

Chemotherapy (Drug & Doses):

ASSOCIATED ILLNESS

DM IHD ALLERGIES _____

HT COPD Others (Specify) _____

PHYSICAL EXAMINATION

Pulse: BP:

General Examination:

Systemic Examination:

CVS:

RS:

GIT:

CNS:

OTHERS:

DIAGNOSIS	
	I
	II
	HPR

Name & Signature

Emotional and Psychological Assessment Form

Name _____ Age _____ Sex _____ Religion _____

Address _____

Social / economic status: destitute, (no income) very poor Income less than Rs. 50 per day), poor (less than Rs. 100 per day), lower middle class, middle class, upper middle class, wealthy.

Date _____

Diagnosis _____

Assessment:

1. Pain Levels:

1 _____ 5 _____ 10 physical pain

1 _____ 5 _____ 10 psychological pain

2. Anxiety level:

1 _____ 5 _____ 10 follow up 1 _____ 10 Date 1 _____ 10 Date 1 _____ 10 Date

3. Anger / depression:

1 _____ 10 follow up 1 _____ 10 Date 1 _____ 10 Date 1 _____ 10 Date

anger depression

4. Thinking Pattern:

1 _____ 10 follow up 1 _____ 10 Date 1 _____ 10 Date 1 _____ 10 Date

negative positive

5. Personality type:

1 _____ 10 follow up 1 _____ 10 Date 1 _____ 10 Date 1 _____ 10 Date

quiet / withdrawn aggression

6. Family:

1 _____ 10 follow up 1 _____ 10 Date 1 _____ 10 Date 1 _____ 10 Date

dysfunctional functional

Relevant family problems:

a) Family refusing to tell the patient about the diagnosis. Yes / No

b) Patient has no desire to know about the disease. Yes / No

c) Patient wants to know about the disease. Yes / No

Emotional and Psychological Assessment Form

Financial problems:

1_____10 follow up 1_____10 1_____10 1_____10 1_____10
level of support from family — Date — Date — Date

7. Faith:

1_____10 follow up 1_____10 1_____10 1_____10 1_____10
weak — strong — Date — Date — Date

1_____10 follow up 1_____10 1_____10 1_____10 1_____10
false belief — Date — Date — Date

1_____10 follow up 1_____10 1_____10 1_____10 1_____10
does believe in after life — does not — Date — Date — Date

8. Unresolved issues for patient:

1_____10 follow up 1_____10 1_____10 1_____10 1_____10
Date — Date — Date

What are the issues?

9. Care givers attitude:

1_____10 follow up 1_____10 1_____10 1_____10 1_____10
negative — positive — Date — Date — Date

1_____10 follow up 1_____10 1_____10 1_____10 1_____10
feels guilty — enjoys caring — Date — Date — Date

1_____10 follow up 1_____10 1_____10 1_____10 1_____10
anxious — normal fear / anxiety — Date — Date — Date

Resolutions

a) for the patient:

anger restlessness sadness guilt depression fear acceptance

a) for the family:

anger guilt fear of the future depression acceptance

10. Acceptance & Denial level:

a) Patient is in denial? Yes / No
Family is in denial? Yes / No

b) Patient's acceptance level 1_____10 1_____10 1_____10
Date — Date — Date

Family's acceptance level 1_____10 1_____10 1_____10
Date — Date — Date

Notes:

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