

S04-6 Evaluation and assignment of palliative care team

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The basic act for Anti-Cancer Measures is enforced in 2007, and it is necessary to maintain the palliative care team in the cancer base hospital, and to offer palliative care. Although cancer pain or associated symptoms cannot always be entirely eliminated, appropriate use of available therapies can effectively relieve pain in most patients. Pain management improves the patient's quality of life (QOL) throughout all stages of the disease.

It is very important for completing chemotherapy to reduce the treatment-related adverse event. Recently, treatment that offers palliative care at the early stage is being done in the university hospital in parallel with the cancer treatment of chemotherapy and radiotherapy.

Malnutrition is a common problem in cancer patients that has been recognized as an important component of adverse outcomes, including increased morbidity and mortality and decreased QOL. In fact, cancer patient's nutrient state is not enough. To improve the nutritional status is the foundation of all treatments. It is important that the pharmacist is positively related to the medical treatments team such as the palliative care team and nutrition support team (NST).

This time, it introduces the palliative care team in the Okayama University hospital. The palliative care team acts in the Okayama University hospital in 2007, and palliative care is being offered to the in-patient.

It was investigated to the intervention purpose, clinical outcome, hospital stay, and the using medical drugs, for the patient of palliative care. The number of palliative care intervention patients showed an increase, and the opioid also was used in an increase.

We thought that the collaboration of hospital pharmacist and community pharmacist is necessary, and we established Okayama palliative care pharmacist group (OPPG) with a community pharmacists. It reports on the activity of OPPG.