



Care of the Cholangiocarcinoma Patient
Clinical Practice Guideline:

CARE OF THE PATIENT WITH INEFFECTIVE COPING AND MINDFULNESS

GOALS/OUTCOMES:

Patient and/or family will verbalize and/or demonstrate outcomes below:

1. Alternate coping mechanisms along with available resources and support. (1,V-B; 2, IV-A; 3, III-A; 4, V-B; 5, IV-A; 6, II-B)
2. Identify maladaptive coping behaviors. (1,V-B; 2, IV-A; 4,V-B; 6, II-B)
3. Participate in requested interventions. (1,V-B; 2, IV-A; 4,V-B; 6, II-B)
4. Improved feelings of coping and resolution of emotional/spiritual conflict. (1,V-B; 2, IV-A; 3, III-A; 4,V-B; 6, II-B)
5. Show improvement or absence of defining factors. (1,V-B; 2, IV-A; 4,V-B; 6, II-B)

ASSESSMENT/INTERVENTIONS:

A. Assessment findings with associated reference numbers and evidence based rating:

1. Level of understanding of current situation. (4,V-B; 5,IV-A)
2. Current level of coping skills. (2,IV-A; 3,III-A; 4,V-B; 5,IV-A; 6,II-B)
3. Level of anxiety for patient and family. (1,V-B; 2,IV-A; 3,III-A; 4,V-B; 6,II-B)
4. Level of pain. (1,V-B; 2, IV-A; 4,V-B; 6,II-B)
5. Ability to re-engage in daily living, post active treatment. 2,IV-A; 4,V-B; 5,IV-A; 6, II-B)
6. Presence of spiritual unease or conflict (2,IV-A; 3,III-A; 4,V-B; 6, II-B)
7. Contributing factors. (1,V-B; 2, IV-A; 4,V-B)
 - a. Defining factors:
 - i. Verbalizing inability to cope (2, IV-A; 4,V-B; 6, II-B)
 - ii. Inability to make decisions (2, IV-A; 4,V-B)
 - iii. Irritability (1,V-B; 2, IV-A)
 - iv. Anxiety (1,V-B; 2, IV-A; 3, III-A; 4,V-B; 6, II-B)
 - v. Insomnia (1,V-B; 2, IV-A)
 - vi. Depression (1,V-B; 2, IV-A; 4,V-B; 6, II-B)
 - vii. Feelings of punishment or betrayal (2, IV-A; 3, III-A)
 - viii. Loss/readjustment of goals (4,V-B)
 - ix. Feeling of hopelessness (2, IV-A; 3, III-A; 4,V-B)
 - x. Inability to focus (2, IV-A)
 - xi. Overuse of medication or use of illicit drugs
 - xii. Excessive smoking or use of alcohol
 - xiii. Headaches
 - xiv. Fatigue (1, IV-B)
 - xv. Bowel irregularities (2, IV-A)
 - xvi. Any new inappropriate behaviors



B. Interventions related to assessment findings above with associated reference numbers and evidence based rating:

1. Use empathetic communication with patient and family including answering all questions and providing education about diagnosis, treatment, coping mechanisms and end-of-life, if requested. (3, III-A; 4,V-B; 5, IV-A; 6, II-B)
2. Address defining factors in assessment. (1,V-B; 2, IV-A; 3, III-A; 4,V-B; 6, II-B)
3. Provide pain relief within medical protocol. (4,V-B; 5, IV-A; 6, II-B)
4. Involve patient and family in care plan and care of patient. (1,V-B; 2, IV-A; 3, III-A; 4,V-B; 5, IV-A; 6, II-B)
5. Provide survivorship care and counseling post active treatment. (1,V-B; 2, IV-A; 5, IV-A)
6. Provide suggestions and/or resources for integrative medicine for relief of specific defining factors, such as: mindfulness training, meditation, acupuncture, acupressure, yoga, massage, nutrition, vitamins & supplements, biofeedback, chiropractic care, spiritual intervention, cognitive behavioral specialist. (1,V-B; 2, IV-A; 3, III-A; 4,V-B; 5, IV-A; 6, II-B)
7. Provide other resources for coping, such as: social work, grief counseling, hospice liaison, patient advocates/nurses, bereavement support groups, post-acute care, palliative care, mindfulness training, spiritual/religious advisors, and consider any of the following (1,V-B; 2, IV-A; 3, III-A; 4,V-B; 5, IV-A; 6, II-B):
 - a. Mindfulness in Palliative Care <https://www.youtube.com/watch?v=BXeJFwDermQ>
 - b. What is Mindfulness-Based Stress Reduction? <http://www.mindfullivingprograms.com/whatMBSR.php>
 - c. Mindfulness exercises: How to get started <http://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/mindfulness-exercises/art-20046356>
 - d. Mindfulness-Based Stress Reduction: What it is, how it helps <https://www.psychologytoday.com/blog/crisis-knocks/201003/mindfulness-based-stress-reduction-what-it-is-how-it-helps>
 - e. Mindfulness for Cancer and Terminal Illness <https://www.upaya.org/uploads/pdfs/MindfulnessforCancerandTerminalIllness2011.pdf>

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3. Granero-Molina, J., Cortés, M., Membrive, J., Castro-Sánchez, A., Entrambasaguas, O., & Fernández-Sola, C. (2013). Religious faith in coping with terminal cancer: What is the nursing experience? *European Journal of Cancer Care Eur J Cancer Care (Engl)*, 300-309.
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