

Abstract (Aj)

Introduction: Although palliative care may not seem to be part of an intense environment, it is true. Palliative approach to patients who are in resuscitation wards or intensive care units is part of a comprehensive approach in the treatment of seriously ill patients. It includes an individual and sensitive approach to a patient in a state where all available treatment options are exhausted, and further proactive steps in treatment would entail patient suffering, family hardship and, last but not least, a non-palliative treatment approach would have a negative impact to the entire nursing staff. Palliative care therefore involves not only an individual approach to the needs of the patient but also of the patient's family and loved ones. It is not a concept of care based on an individual's approach to the patient, but rather on the cooperation of the entire nursing team, ie doctors, nurses and paramedics. The palliative team working in the hospital is available to staff not only in the intensive department but also in the entire hospital, and is made up of interdisciplinary experts. A functional palliative concept in an intensive ward means benefits for the patient and his family. Although care is closely related to the negative part of the patient's life path. Palliative care saturates the needs of the individual, his family, and the medical staff. The concept of a palliative approach also includes the widely discussed performance, terminal extubation, ie the final outcome of terminal weaning.

Methodology: The research was carried out in the form of quantitative research. I compared two large clinics comparatively. The research was carried out at workplaces where highly specialized intensive care is performed, both at the medical and nursing level. The first comparative clinic is a general anesthesiology and resuscitation ward, specific for a part of urgent intake, the second ward is also an anesthesiology - resuscitation type, specific for the cardiac surgery spectrum of patients. Both workplaces, despite slight differences in patient composition, have very similar portfolio of provided care.

Objective: In this thesis, my goal was to find out how the rules of palliative approach in intensive care beds are set. Whether teamwork in decision-making in the approach of changing the patient's treatment and how to communicate with the patient's family works in these departments. Furthermore, I target health care workers, examine palliative care from the point of view of nurses, paramedics, but also doctors and examine whether it is necessary in the intensive care environment to have a clear concept of care. I want to know how the rules of palliative approach to patients are set and whether under palliative care set up and where there is a possibility to contact the palliative team, employees are happier and work more effectively with palliative care patients. Last but not least, I analyze the opinions that the clinic staff take to perform terminal extubation, how they perceive it and whether they perceive it positively and whether they perceive it positively.

Research questions: Based on the objectives of the thesis, I set the following questions: Is there a more functional principle of palliative care in intensive care beds in conditions where the concept of

palliative approach is already set, ie in an environment where rules are set in communicating with his family? Are there comparable conditions in clinics in the area of communication between the staff and the patient's family? How do doctors and non-doctors perceive performance - terminal extubation, which falls within the concept of palliative care?

Research results: 93 respondents took part in the research. The research was conducted simultaneously in two large clinics providing anesthesia-resuscitation care. The respondents were non-doctors, I included the opinions and answers from doctors in the research. The research group consisted of women and men of all ages working in intensive care and providing palliative care. Respondents from one comparing clinic then formed a unit that responded to a specific area of palliative care, namely terminal extubation. The results of the research confirmed the fact that if the concept of proactive approach to palliative care has already been set up in the intensive ward, the recommendations of professional societies are respected and respected, the palliative care staff is more balanced, has a positive view of palliative care and has positive feedback from families. Non-medical staff is also more satisfied with the level of communication with fellow physicians. The specific area of terminal weaning, namely the performance of terminal extubation, is viewed positively by employees. In a clinic where the palliative team operates, the results are more positive than in a clinic where the palliative care concept is not set or is at the beginning of its operation.

Benefit for practice: Intensive wards are most exposed to patients in the most severe conditions and there is a large percentage of mortality and morbidity in patients. Research shows that the introduction of palliative teams greatly enhances the quality of not only the care and communication with the patient and his family, but also contributes significantly to the satisfaction of the intensive department staff. Building a complete palliative team made up of multiple experts, but it can be a personal and time constraint for the healthcare facility. In these cases, I recommend at least the presence of a crisis interventionist who, with his expertise, experience and professionalism, can help the family and staff in the area of specifically demanding communication associated with accompanying the patient on the last journey, organ harvesting from a potential donor or terminal extubation. It does not have to be a specialist paliatra, the profession of emergency intervention can be performed at the clinic also by a non-medical worker. Furthermore, I would recommend workplaces to focus on supporting the education of employees in this specific area of care provision. The already mentioned crisis intervention course in Brno proved to be very successful. The survey also found that at a clinic where a complete palliative team is available, 21% of respondents who were unsure whether they could contact him were still unsure. This raises the question of how the team is presented and how to disseminate information about its capabilities and purpose among employees. In order for health professionals to feel good about their work and to provide high quality care even in difficult situations such as accompanying a patient at the end of their lives, it is important that they not only have sufficient education in nursing or communication, but also not to forget his needs. According to research, this is greatly helped, for example, by the establishment of specialized palliative teams whose task is to ensure that the needs of both health professionals and patients are met.

Keywords:

Medical intensive care team, palliative care, terminal extubation, palliative care communication, transition from full therapy to palliative care.