DEPARTMENT OF PALLIATIVE CARE (SLB)





Department of palliative care (SLB)

SLB is a specialist department at the Cancer Clinic, St. Olavs hospital. SLB consists of a ward and an out-patient clinic, which also conducts home visits. Often, our patients have a cancer disease that can not be cured. Our aim is to provide the best possible palliative care, and to help patients and their next of kin handle practical and existential challenges arising because of the disease. We meet most of our patients at the out-patient clinic, and many are following an integrated trajectory where an oncologist is responsible for the cancer treatment. The palliative care department is involved in symptom control and other challenges.

Patients who are unable to come to the hospital, are offered home visits if they live close to the hospital. If the patient experiences a worsening of symptoms, he/ she can be admitted to the ward for diagnostic and treatment.

Our-patient clinic services

- · Out-patient consultations, including multidiscliplinary involvement if needed
- Consults at the oncological department at St. Olavs hospital
- Collaboration with Øya helsehus and other primary health care institutions
- Telephone and video consultations for patients, next of kin and collaborators
- · Home visits in collaboration with home care services and GP
- · Education and training for home care services

Our out-patient clinic collaborates closely with municipalities in our health care region (home care services and GP/nursing home doctors). We aim to allow patients to spend as much time at home as possible, or at an institution close to home. In Trondheim municipality we have a permanent collaboration with the Department of palliative care at Øya helsehus.

The SLB ward

Our ward is an emergency palliative care unit with 12 single rooms. Patients experiencing an abrupt worsening of disease and/or increased symptom burden, can be admitted. A short stay will in most cases help achieve symptom relief, and resolve practical or existential challenges. In order to achieve symptom control, we daily ask patients to complete a symptom assessment questionnaire. When we see an improvement in symptom burden and other affairs, the patients may be discharged. For various reasons, some patients are not able to stay at home despite help from the home care services. We collaborate with the municipalities in providing an alternative for these patients, for example by dedicating some beds at the local nursing home for palliative care patients. A stay at a local institution can last for a shorter or longer period

of time.

Research and education

In order to improve treatment of palliative care, research and education is essential. At SLB this is a key focus area, and patients will be invited to participate in clinical trials. As we are a part of a university hospital, students are often present at the department and involved in activities related to patients and next of kin.

Multidisciplinary services

Advanced cancer can provide challenges beyond the scope of medicine. At SLB we have established a multidisciplinary team in order to provide the best possible care. This team collaborates with primary health care services in the region.

Doctors and nurses

SLB doctors and nurses have specialist training in cancer and palliative care. We provide high quality care based on scientific evidence and clinical experience.

Physiotherapist

The cancer disease or treatment can lead to impaired physical function and activity level. Our physiotherapist can assess your condition and implement measures aiming at maintaining independence and activity level. If you experience symptoms such as shortness of breath, swellings or pain, the physiotherapist can help ease these burdens.

Occupational therapist

Your home can be adapted to ensure activity, participation and increased quality of life. Our occupational therapist can help you assess your situation at home and facilitate daily life.

Clinical dietician

A clinical dietician has specialist training in nutritional treatment during disease, and can contribute to a personally adapted diet for each individual patient.

Social worker

The social consequences of cancer disease can be substantial. A social worker can provide precise and correct information about financial arrangement to patients and their next of kin and inform cooperating authorities outside of the hospital.



Religious services

The hospital's department for religious services can be contacted when there is a need for conversations related to having a serious disease. The patient and their next of kin decide on topics of conversation, which can include spiritual/existential questions arising due to grief and crisis, personal matters, matters related to family, or rituals. The department mediates contact with several religious or belief communities.

Next of kin

Next of kin are important for the patients, and we provide support and training that can help next of kin manage their situation. In collaboration with the Norwegian Cancer Society, St. Olavs hospital has established Vardesenteret, a meeting place where support and various management tools are available for both patients and their next of kin.

Department of palliative care

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