



# Emergency Admissions of Patients with Advanced Gastrointestinal Malignancy in an Acute Palliative Care Unit: A Single-Center Observational Study

Dr Manisha singh Dr Amna Al Harrasi Dr Hasan AL-Sayegh Dr Nasr Al Riyami

Department of Palliative care, University Medical City, SQCCRC, Muscat Oman

## Introduction

Advanced GI cancer patients in palliative care often experience emergency admissions due to high symptom burden.

This study analyzes the frequency, reasons, outcomes, and interventions associated with these admissions, including readmission rates and survival.

## Methods

A retrospective observational study at a tertiary cancer center in Oman examined emergency admissions to the palliative care unit for patients with advanced, incurable GI malignancies.

Data from HIS included demographics, diagnosis, presenting symptoms, length of stay and outcomes.

We analyzed admission frequency, readmission rates( within 7 days, up to 30 days and after 30 day), interventions, and referral patterns using descriptive statistics (median, IQR, frequency, proportions). Exclusion – Not coded DNR

## Results

	Admission 1	Admission 2	Admission 3
Pain	17/35 (48.6%)	4/10 (40.0%)	0/4 (0%)
N & V	9/35 (25.7%)	2/10 (20.0%)	1/4 (25.0%)
Fatigue	10/35 (28.6%)	2/10 (20.0%)	0/4 (0%)
Dec Oral Intake	14/35 (40.0%)	3/10 (30.0%)	2/4 (50.0%)
Constipation	12/35 (34.3%)	3/10 (30.0%)	0/4 (0%)
Ascites	9/35 (25.7%)	1/10 (10.0%)	0/4 (0%)
Fever	5/35 (14.3%)	2/10 (20.0%)	2/4 (50.0%)
Delirium	2/35 (5.7%)	0/10 (0%)	0/4 (0%)
Hypotension	4/35 (11.4%)	2/10 (20.0%)	1/4 (25.0%)
Hyperkalemia	3/35 (8.6%)	2/10 (20.0%)	1/4 (25.0%)
Hyponatremia	4/35 (11.4%)	0/10 (0%)	0/4 (0%)
Decreased Consciousness	6/35 (17.1%)	1/10 (10.0%)	1/4 (25.0%)
Drain Catheter Malfunction	8/35 (22.9%)	3/10 (30.0%)	1/4 (25.0%)
Jaundice	10/35 (28.6%)	1/10 (10.0%)	0/4 (0%)
Cholangitis	4/35 (11.4%)	0/10 (0%)	0/4 (0%)
Diarrhoea	1/35 (2.9%)	0/10 (0%)	1/4 (25.0%)
Dyspnea	5/35 (14.3%)	0/10 (0%)	0/4 (0%)
Hematemesis	3/35 (8.6%)	0/10 (0%)	0/4 (0%)
Hypoglycemia	2/35 (5.7%)	0/10 (0%)	0/4 (0%)

Table 2: Indications for Emergency admissions and Readmissions

Opioid Toxicity	1/35 (2.9%)	0/10 (0%)	0/4 (0%)
Hypercalcemia	2/35 (5.7%)	1/10 (10.0%)	0/4 (0%)
Anemia	4/35 (11.4%)	3/10 (30.0%)	1/4 (25.0%)
Intestinal Obstruction	5/35 (14.3%)	3/10 (30.0%)	1/4 (25.0%)
Epileptic Fits	0/35 (0%)	0/10 (0%)	1/4 (25.0%)
Hallucinations	1/35 (2.9%)	0/10 (0%)	0/4 (0%)
Hyperglycemia	0/35 (0%)	1/10 (10.0%)	0/4 (0%)
DKA			
Malena	1/35 (2.9%)	2/10 (20.0%)	0/4 (0%)
Cough	2/35 (5.7%)	1/10 (10.0%)	1/4 (25.0%)
Bedsore	0/35 (0%)	2/10 (20.0%)	1/4 (25.0%)
Abd Distension	3/35 (8.6%)	1/10 (10.0%)	0/4 (0%)
Burning	2/35 (5.7%)	0/10 (0%)	0/4 (0%)
Micturition			
Fracture Fall	1/35 (2.9%)	0/10 (0%)	0/4 (0%)
Hematuria	0/35 (0%)	0/10 (0%)	1/4 (25.0%)

## Results

Characterist	Admission 1 (N=35)	Admission 2 (N=10)	Admission 3 (N=4)	INTERVENTIONS	DISCHARGE	DEATH
Age Med [IQR]	71.0 [60.5;77.5]	75.5 [60.8;78.8]	75.5 [69.0;81.2]	PICC LINE INSERTION (N=4)	4	
Female	13 (37.1%)	3 (30.0%)	1 (25.0%)	ERCP STENT EXCHANGE (N=2)	2	
Male	22 (62.9%)	7 (70.0%)	3 (75.0%)	ERCP STENT INSERTION (N=2)	2	
Top Diagnosis	Gastric (31.4%)	Gastric (40.0%)	Colon/Rectu m/Pancreas (25%)	EGD(N=3)	2	1
Admission Time: After Hours	15 (42.9%)	6 (60.0%)	2 (50.0%)	STENT ESOPHAGUS (N=1)	1	
Hospital Stay Med [IQR]	6.5 [4.0;10.8]	7.5 [5.5;9.0]	7.0 [6.0;9.2]	BLOOD TRANSFUSION (N=14)	11	3
Death	12 (34.3%)	3 (30.0%)	1 (25.0%)	ASCITIC DRAIN INSERTION (N=5)	3	2
Discharge	23 (65.7%)	7 (70.0%)	3 (75.0%)	ASCITIC DRAIN REPOSITIONING (N=3)	3	
Readmission within 7 days		4 (40%)		PTC DRAIN INSERTION/EXC HANGE (N=5)	2	3
8-30 days	NA	1/10 (10%)		Total (N= 39)	30 (76.9%)	9 (23.07%)
more than 30 days		5/10 (50%)	4/4(100)			

Table 3 List of the interventions done and the outcomes

Reason	Number of patients	discharge	death
Anemia	7	5	2
Fatigue	2	1	1
Dyspnea	2	2	0
Hematuria	1	1	0
Hematemesis	2	2	0

## Conclusions

- High symptom burden in terminally ill GI cancer patients.
- Pain was the main reason for initial admission. A study by (Mercadante et al., 2017) found that pain was a frequent cause for readmission to acute palliative care units.
- Readmissions were often due to complex acute events (intestinal obstruction, seizures, altered mental status).
- Although family/home support can help with issues like constipation, fatigue, and anorexia, the disease burden and multimorbidity often require hospital admission for targeted interventions (Nipp et al., 2021)

## References

- Mercadante S, Adile C, Ferrera P, Casuccio A. Characteristics of advanced cancer patients who were readmitted to an acute palliative/supportive care unit. Support Care Cancer. 2017;25:1253-1259.
- Nipp RD, Subbiah IM, Loscalzo M. Convergence of Geriatrics and Palliative Care to Deliver Personalized Supportive Care for Older Adults With Cancer. J Clin Oncol. 2021;39:825-832