



Palliative Care Patient Symptoms and Post Care Treatment By the Caretakers

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INTRODUCTION

After treatment, cancer survivors require ongoing, comprehensive care to improve quality of life, reduce disability, limit complications, and restore function. In Canada and internationally, follow-up care continues to be delivered most often by oncologists in institution-based settings. There is extensive evidence to demonstrate that this model of care does not work well for many survivors or our cancer systems. Randomized controlled trials have clearly demonstrated that alternate approaches to follow-up care are equivalent to oncologist-led follow-up in terms of patient outcomes, such as recurrence, survival, and quality of life in a number of common cancers

DESCRIPTION

- To determine current consistency with best practise proposals for checking and managing side effects in palliative care patients;
- To identify barriers and facilitators to further developing consistency;
- To develop methodologies for dealing with areas of defiance;
- To assess changes in compliance with evidence-based practise proposals following the implementation of procedures to address distinct boundaries and upgrade recognised facilitators in the monitoring and management of side effects in palliative care patients;
- To continue to develop information about the best practises in side effect checking and the executives in palliative care patient
- To expand on the findings in terms of observing and reporting side effects in palliative care patients

In this paper, we discuss the state of follow-up care for survivors of prevalent cancers and the need for more personalized models of follow-up. Indeed, there is no one-size-fits-all solution to post-treatment follow-up care, and more personalized approaches to follow-up that are based on individual risks and needs after cancer treatment are warranted. Canada lags behind when it comes to personalizing follow-up care for cancer survivors. There are many reasons for this, including difficulty in determining who is best served by different follow-up pathways, a paucity of evidence-informed self-management education and supports for most survivors, poorly developed IT solutions and systems, and uneven coordination of care. Using implementation science theories, approaches, and methods may help in addressing these challenges and delineating what might work best in particular settings and circumstances

Side effects are numerous and consolidated in palliative care, developing and changing, with a complex person and multifactorial causes, and a high prevalence, negatively impacting the patient's and family's personal satisfaction. Medical professionals who provide palliative care must be able to recognise and respond effectively to their patients' side effects. Strategies: A commitment will be made to follow best practises in assessing and monitoring the side effects of palliative care patients. The review and input instrument will be the Joanna Briggs Institute Practical Application of Clinical Evidence System (JBI PACES) and the Getting Research into Practice (GRiP)[1-5].

CONCLUSION

Medical attendants who provide palliative care must be able to recognise and respond to their patients' side effects. Agony, dyspnea, incoherence or terminal anxiety, unsettling, and upper aviation route discharges are all common side effects. Dealing with these side effects can provide comfort and limit the patient's and their loved ones' suffering. One of the most im-

Received:	30-March-2022	Manuscript No:	IPJHCC-22-13386
Editor assigned:	01-April-2022	PreQC No:	IPJHCC-22-13386(PQ)
Reviewed:	15-April-2022	QC No:	IPJHCC-22-13386
Revised:	20-April-2022	Manuscript No:	IPJHCC-22-13386(R)
Published:	27-April-2022	DOI:	10.35248/2472-1654-7.4.7016

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Citation Sarah M (2022). Palliative Care Patient Symptoms and Post Care Treatment By the Caretakers. J Healthc Commun. 7:7016.

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portant tools in palliative care is side effect control. As a result, medical attendants must survey patients in order to provide appropriate interventions and assess the impact of these interventions through routine reassessments. The group consists of 22 women and four men, with an average age of forty years. The oldest is 56 years old, and the youngest is 24 years old.

ACKNOWLEDGMENT

The authors are grateful to the journal editor and the anonymous reviewers for their helpful comments and suggestions.

DECLARATION OF CONFLICTING INTERESTS

The authors declared no potential conflicts of interest for the research, authorship, and/or publication of this article.

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