

Palliative Care

Our Location:

Palliative Care is located on the 4th floor (Level E) of the Regional Hospital Mullingar.

Our Services:

The Ciuín Suite consists of two single en-suite patient rooms with an adjacent family room to each. These beds are available on a 24/7 basis. There are supporting guidelines for the service with regard to Admission Criteria and Referral Guidelines.

The continuing active total care of patients/clients and their families, at a time when the medical expectation is no longer cure. Palliative care responds to physical, psychological, social and spiritual needs, and extends to support in bereavement. The goal of palliative care is the highest possible quality of life for both patient and family. Palliative care services are structured in three levels of ascending specialisation. These levels refer to the expertise of the staff providing the service, as follows:

Level one – Palliative Care Approach: Palliative care principles should be appropriately applied by all health and social care professionals.

Level two – General Palliative Care: At an intermediate level, a proportion of patients and families will benefit from the expertise of health and social care professionals who, although not engaged full time in palliative care, have had some additional training and experience in palliative care.

Level three – Specialist Palliative Care: Specialist palliative care services are those services whose core activity is limited to the provision of palliative care. Specialist palliative care services are those services with palliative care as their core speciality and which are provided by an inter-disciplinary team, which includes a consultant physician in palliative medicine.

Categories of care provided in the Ciuin Suite and indicators of patient suitability for these beds

End of life care

- The patient has complex symptoms/care needs which require 24 hour monitoring
- The patient is reasonably expected to die within 2 weeks
- The patient chooses to die in the unit rather than at home, and/or
- The patient's home situation is such that dying at home could not be supported by available services

Symptom control

- The patient requires close observation and monitoring during adjustment of medications
- Poor patient compliance is contributing to lack of symptom control
- Carer stress, inability to manage medications or frailty is contributing to poor symptom control in the home environment
- If the patient requires acute hospital treatment such as IV fluids/medications or hospital investigations other than basic ones such as blood tests, it is inappropriate to use a community-based intermediate care bed until the situation is stabilised.

Contact us:

Telephone: (044) 9394302 / 9394350