

Comfort Care Interventions

Examples

Some SNF/NF residents/patients and/or their representatives are reluctant to enroll in hospice but would like a comfort care plan. The examples of comfort care orders below may be helpful for these residents/patients, who will not have hospice order sets.

Order Type	Examples and Helpful Tips
Diet	<ol style="list-style-type: none">1. Order a diet (<i>it may improve the desire to taste food</i>)2. Full rather than clear liquid if liquid diet necessary3. May have food brought in by resident representative4. Allow resident/patient to sit up for meals5. Slow hand feeding
Activity	<ol style="list-style-type: none">1. Allow resident/patient to sit in chair and use a bedside commode if capable and desired2. Other activities as tolerated3. Allow resident representatives to stay in room4. Reposition for comfort
Vital Signs	<ol style="list-style-type: none">1. Minimum frequency allowed by policy<ol style="list-style-type: none">a. Frequent monitoring and numbers can alarm resident/patient and resident representativesb. Limit MD/NP/PA notification parameters
IV Orders	<ol style="list-style-type: none">1. If IV fluids are needed, use a time limited trial, (<i>e.g. 1000cc of D5 ½ Normal Saline over 6 hrs</i>)<ol style="list-style-type: none">a. Starting IV is often difficult and painful – and usually of limited benefit2. Subcutaneous injections of small volumes of medicines using a small butterfly needle under the skin of the thigh or abdomen may avoid the need for IV therapy3. If patient is lacking appetite consider stopping IV fluids to see if appetite returns
Orders for Dyspnea and Shortness of Breath	<ol style="list-style-type: none">1. Oxygen 2 - 4 L by nasal cannula; avoid mask if possible2. Avoid monitoring oxygen saturations3. Blow air on face with a bedside fan or open window4. Nebulizers may be helpful5. Consider steroids if wheezing present6. Use opioids for persistent dyspnea7. Use antibiotics if a bacterial infection is exacerbating dyspnea and treatment may improve symptoms
Hygiene	<ol style="list-style-type: none">1. Avoid bladder (Foley) catheter if possible<ol style="list-style-type: none">a. May be helpful in selected residents/patients who are immobile and have pain with toileting or movement2. Check regularly for stool impaction<ol style="list-style-type: none">a. Suppositories may be helpful3. Monitor for oral thrush4. Petroleum jelly to lips may be helpful for dry mouth5. Allow resident representatives to cleanse mouth with sponge sticks/wet wash cloth

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Examples (cont'd)

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Pain and Dyspnea	<ol style="list-style-type: none"> 1. Opioids usually most effective 2. Use small, frequent doses as needed for opioid-naïve residents 3. Consider stopping sustained preparations and switching to immediate release Morphine concentrate 20 mg/ml 4. Start with equivalent dose as previous regimen – at least 5 mg PO every 2 hrs 5. Offer routinely, and let the resident refuse 6. Use short-acting benzodiazepine if anxiety is present 7. Use non-pharmacologic interventions to treat pain 8. Consider laxative for patients taking opioids and absent bowels movement for 2 days
Anorexia, Asthenia, Fatigue, Depression, Pain, Dyspnea	<ol style="list-style-type: none"> 1. Corticosteroids can have beneficial effects <ol style="list-style-type: none"> a. Use Dexamethasone 4 - 8 mg PO or subcutaneous at breakfast and lunch (<i>avoids the mineralocorticoid effects of Prednisone</i>) 2. Employ sleep hygiene measures to facilitate optimal nighttime sleep
Nausea and Delirium	<ol style="list-style-type: none"> 1. Review underlying cause(s) of delirium and nausea, and eliminate if possible 2. Haloperidol 0.25 - 2 mg PO or 0.5 - 1 mg subcutaneous every 2 hrs for 3 doses or until symptoms relieved, then every 4 hours PRN
Anxiety and Seizures	<ol style="list-style-type: none"> 1. Lorazepam for anxiety 0.5 - 2 mg PO or subcutaneous every 6 - 8 hrs <ol style="list-style-type: none"> a. Must be given IV or subcutaneous for seizures 2. Offer hot packs or warm compress
Sleep	<ol style="list-style-type: none"> 1. Trazodone 25 - 100 mg PO or Zolpidem 5 - 10 mg PO qhs
Skin, Pruritus, Wounds	<ol style="list-style-type: none"> 1. Keep skin moist; use moisturizing soap or lotions 2. Hydrocortisone creams may be helpful 3. Benadryl 25 - 50 mg PO ever 4 hours for pruritus 4. Lidocaine 2% gel PRN to painful wounds
Labored or Agonal Breathing 'Death Rattle'	<ol style="list-style-type: none"> 1. Keep back of throat dry by turning head to the side 2. Stop IV fluids or tube feedings 3. Use a Scopolamine patch; Atropine drops 2 - 3 in the mouth every 4 hrs until patch is effective <ol style="list-style-type: none"> a. Use glycopyrrolate, 1- 2 mg PO or 0.1 - 0.2 mg IV or subcutaneous every 4 hrs; or 0.4 - 1.2 mg/day continuous infusion is an alternative 4. Avoid deep suctioning 5. Allow resident representatives to cleanse mouth with sponge sticks or wet wash cloth
Comfort, Counseling, Safety	<ol style="list-style-type: none"> 1. Sit with resident and talk to avoid isolation 2. Reposition and massage regularly 3. Avoid sensory overload (<i>e.g. loud TV</i>); use soft music 4. Avoid use of restraints, bedrails, and alarms 5. Offer religious counseling if resident/patient and their representatives are comfortable with this 6. Consider rectal administration of fluids and medications