Comfort Care Measures Overview

**Vital signs** – prn to evaluate “End-of-Life Vital Signs” for comfort, heart rate (tachycardia), respiration (apnea, rapid rate/tachypnea), temperature if warm to touch, secretions (gurgling or coarse crackles).

**Diet** – Patient choice of time, quantity and type of food as tolerated. Family may provide food.

**Activity** – as tolerated. Position of comfort.

**Oxygen** – 2 to 3 L/minute/nasal cannula prn shortness of breath (dyspnea).

**Pain:**
Optimal pain management is best achieved with routine or long-acting medication, such as Morphine, Dilaudid, Oxycontin, Duragesic, etc. with a routine dosage schedule.

Breakthrough pain, identified by verbalization, moaning, restlessness, grimacing, etc. is treated with a short-acting oral medication, such as Roxanol or Dilaudid liquid prn for breakthrough pain, shortness of breath, restlessness, agitation, cough. Note: many residents are unable to ask for prn medications; observe for signs of discomfort.

**Anxiety, dyspnea, agitation or restlessness** – Ativan Intensol 2 mg/ml – small dose sublingual or oral, prn agitation, anxiety, shortness of breath (may be beneficial on a regular basis for symptoms or to augment pain control).

**Secretions** – Scopolamine patch 1.5 mg – apply one to two patches q 72 hours prn secretions, and/or Glycopyrrolate 1 mg po TID prn secretions, and/or Atropine 1% ophthalmic 1 to 2 drops SL q 6 hours prn secretions.

**Constipation** (prevention is key) – DSS 100mg or 250mg 1 to 2 BID Plus Senna 1 to 2 po BID, or Sorbitol 30 ml po daily or BID prn constipation. If severe, Lactulose 15 to 30 ml BID to TID.

**Nausea** – PRN orders for compazine or phenergan. Ativan prn helps nausea.

**Agitation with psychosis, delirium** – Haldol sublingual (SL) prn hallucination, confusion, severe restlessness.
End-of-Life Vital Signs:
- “Routine vital signs” are usually discontinued when death is near and focus is on comfort measures only.
  - Machinery to assess routine vital signs may cause patient or family distress.
  - Information from routine vital signs, like respiratory rate and oxygen saturation, are usually not helpful and may cause confusion about treatments.
- “End-of-life vital signs” help assess comfort.
  - Heart rate (apical pulse with stethoscope or palpated radial pulse) to evaluate if tachycardia, often a sign of discomfort in the unconscious patient).
  - Respiration, looking at quality and character, such as irregular or apneic spells which show approaching death.
    - **Note**: Opioids should not be held for slow, shallow respirations in the dying patient.
  - Secretions, wet respirations (gurgling, rattling, crackling) caused by pooling of oral secretions, can be treated.
  - Peripheral perfusion, inspecting/palpating extremities to evaluate mottling and cooling, which are signs that death is near.
  - Temperature, sweating and fever are common at the end of life and can be treated with acetaminophen, removal of blankets, fan, etc.

Key Points to “Honor Wishes for Comfort”:
- Relief of distressing symptoms and pain can improve comfort and quality of life.
- Medications are often required to relieve symptoms in the last days or hours of life.
- Medications are to reduce pain and suffering, not to hasten death.
- The patient is dying from the medical illness, not the medications.
- Educating and supporting families can reduce suffering and distress during their loved one’s death and afterwards.

We can honor wishes for comfort.