

Comfort Care Interventions

Examples

Some nursing home residents and/or their families 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, 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 necessary 3. May have food brought in by family 4. Allow resident to sit up for meals
Activity	<ol style="list-style-type: none"> 1. Allow resident to sit in chair and use a bedside commode if capable and desired 2. Other activities as tolerated 3. Allow family to stay in room
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 and family b. 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 benefit 2. 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 therapy
Orders for Dyspnea and Shortness of Breath	<ol style="list-style-type: none"> 1. Oxygen 2 - 4 L by nasal cannula; avoid mask if possible 2. Avoid monitoring oxygen saturations 3. Blow air on face with a bedside fan or open window 4. Nebulizers may be helpful 5. Consider steroids if wheezing present 6. Use opioids for persistent dyspnea 7. 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 who are immobile and have pain with toileting or movement 2. Check regularly for stool impaction <ol style="list-style-type: none"> a. Suppositories may be helpful 3. Monitor for oral thrush 4. Petroleum jelly to lips may be helpful for dry mouth 5. Allow family to cleanse mouth with sponge sticks

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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
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
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
'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 family to cleanse mouth with sponge sticks
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 (e.g. loud TV); use soft music 4. Avoid use of restraints, bedrails, and alarms 5. Religious counseling should be considered if acceptable