Comfort Care in the Last Hours of Life

Admit to: Location and Initiate Comfort Care Order Set
Diagnosis: (i.e. Metastatic Lung Cancer/Pain Crisis)
Condition: Grave
Resuscitation Preferences: Do Not Attempt Resuscitation (DNAR)
(if not, document exact status)

Diet

- Order a diet; patient may improve and desire to taste food (select from CPRS order set)
- Full liquid instead of clear liquid (can advance if tolerated) (more palatable, easier to swallow, less likely to cause aspiration)
- May have food brought in by family
- Allow patient to sit up for meals; assist to eat

Activity

- Allow patient to sit in chair if desired and to use bedside commode
- Allow family to stay in room with patient

Vital Signs

- Minimum frequency allowed by policy
- Limit notification orders to those necessary (review options on CPRS)
- Frequent monitors can alarm patient and family
- Numbers can distract staff/family from patient

IV Considerations

- Starting is often difficult and painful, often has no benefit for patient
- Presence of edema indicates that patient is not dehydrated
- Many patients have fluid overload, edema and pulmonary congestion
- **Oral hydration is a reasonable compromise**
- **(or) If IV fluids are used, suggest a limited time trial, such as a 1000–1500 cc D5½ NS over 6 hours** (Select from CCOS on CPRS)

Subcutaneous (SQ) Line

- Small IV or butterfly needle inserted directly under the skin (often on the abdomen or thigh)
- For injecting small volumes of medicines when oral route unavailable
- Avoids burden of finding/maintaining IV access

Orders for Dyspnea

- Oxygen 2–4 liters nasal prong; avoid face mask
- Usually do not recommend monitoring oxygen saturation or telemetry
- **For persistent dyspnea, use opioids,** blow air on face with bedside fan, turn, reposition, sit up. Nebs may be helpful.

Hygiene

- Avoid Foley catheter if possible (may be helpful for hygiene in select patients, e.g., obese or immobilized patients)
- Diapers and cleansing may accomplish same thing
- Delirious patient may pull on bladder catheters
- Check all patients for impaction; suppository may be helpful
- Consider evaluation by skin-care nurse

Notify Pastoral Care and Social Work of admission.

Avoid restraints.

Pain and Dyspnea

- Opioids are usually the most effective in this setting
- Calculate morphine equivalents used in recent past; adjust as needed
- Usually stop sustained-released medicines and use immediate-release
- Morphine concentrate 20mg/ml concentrate
  a. Start with MS 5mg to much higher dose based on recent use q2 hours. *Offer—patient may refuse*
  b. Morphine Sulfate 2–4 subq q2 hours (1/3 the oral dose) *Offer—patient may refuse*
  c. May use IV but shorter half/life and only RN can administer, difficulty with maintaining IV

Pain, Dyspnea, Anorexia, Asthenia, and Depression

- Corticosteroid can have multiple beneficial effects
- Less mineral-corticoid effect than Prednisone
- Does not have to be given in multiple doses
- Dexamethasone 4–8mg PO/SubQ breakfast and lunch

Nausea and Delirium (Phenothazines)

a. Haloperidol 2mg PO or 1 mg SubC q2 hours, x 3 doses total or until settled, then q6–8 hours PRN
b. Patient > 65 years of age: Haloperidol 1mg PO or 0.5 mg SubQ q2 hours, x 3 doses total or until settled

- Nausea usually requires less frequent doses

Anxiety and Seizures (Benzodiazepines)

a. Lorazepam 1mg PO/ SubC q6–8 hours prn
b. Patient > 65 years of age: Lorazepam 0.5 mg–1 mg PO/ SubQ q6–8 hours prn

- May be helpful with anxiety
- Exercise care as delirium can sometimes be mistaken for anxiety
- Effective against seizures only as IV or SQ and not PO

Death Rattle

- Keep back of throat dry by turning head to side
- Stop IV fluids or tube feeding
- Scopolamine patch topical behind ear q3 days
- Atropine eye drops 2–3 in mouth q4 hours or until patch effective
- Avoid deep suctioning. Family can cleanse with sponge sticks

Tips for Comfort and Safety

- Reposition, massage, quietly sit with and speak to patient
- Avoid sensory overload (e.g., TV); soft music instead
- Use bed minder in lieu of restraints to alarm if patient gets up

Assisting Family

- Advise about alerting other family members as to gravity of patient's status
- Facilitate family presence; order permission for family to visit or stay
- Arrange visits of military relatives by contacting Red Cross
- Arrange visits of incarcerated relatives by contacting Warden
- Give family the pamphlet *Gone from My Sight*

Comfort Care in the Last Hours of Life: Side Two