

Birmingham VAMC Safe Harbor Project

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 to 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)

(Offer 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:

Placement is often difficult and painful, frequently 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 D51/2 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 many 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. Nebbs 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

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

- Start with MS 5mg PO to much higher dose based on recent use q 2 hours, Offer, patient may refuse**
- Morphine Sulfate 2-4 subq q2 hours (1/3 the oral dose) Offer, patient may refuse**
- May use IV but shorter half-life and only RN can administer, difficulty with maintaining IV

Pain, Dyspnea, Anorexia, Asthenia & Depression

Dexamethasone 4-8mg PO/SubQ breakfast and lunch

Corticosteroids can have multiple beneficial effects

Less mineral-corticoid effect than Prednisone

Does not have to be given in multiple doses

Nausea and Delirium (*Phenothiazines*)

- Haloperidol 2mg PO or 1mg Subq Q 2 hours, X3 doses total or until settled then q 6-8 hours PRN**
- Patient > 65 years of age Haloperidol 1mg PO or 0.5mg Subq Q 2 hours, X3 doses total or until settled.** Nausea usually requires less frequent doses

Anxiety and Seizures (*Benzodiazepines*)

- Lorazepam 1mg PO/SubQ q6-8 hours prn**
- Patients >65 years of age Lorazepam 0.5mg 1mg PO/SubQ Q 6-8 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,
- Use Scopolamine patch topical behind ear q3 days**
- Use 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 *Preparing for Your Loved One's Death*.

Notify Pastoral Care and Social Work of admission

Avoid restraints

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