



**PHYSICIAN ORDERS FOR
COMFORT MEASURES**

Page 1 of 2

IMPRINT PATIENT PLATE WITHIN THIS BOX

FAX ORDERS TO PHARMACY ASAP

COMFORT MEASURES ONLY (CMO)

1. Confirm signed physician DNR. Discontinue AICD if present (See reverse side for manufacturer contact numbers.)
2. No routine labs, x-rays or other diagnostics including glucometer checks.
3. Monitor heart and respiratory rate, may omit BP.
4. Oxygen/NC only if needed for comfort.
5. IV saline lock.
6. Medications:
 - Discontinue all previous orders, including medications
 - Acetaminophen 650 mg. p.o./PR q 4 hours for headache, mild pain or fever
 - Scopolamine 0.3 - 0.6 mg. IV every 6 hours prn secretions
 - Famotidine 20 mg. IV daily
 - Artificial Saliva/Aquaphor for mouth care q 1 hr. and prn; instruct family to use
 - Artificial Tears, two drops OU q 2 hours prn dry eyes; may leave at bedside

ANALGESIA – Assess pain every 2 hours, prn and after medicating per pain management SOP

MORPHINE DRIP

Bolus _____ mg. IV (Recommended 1 - 5 mg.)

Drip _____ mg./hr IV (Suggest starting at 1 - 2 mg./hr)

Titrate for comfort. (Goal is respiratory rate 10 - 15/min.)

Mild to moderate pain, increase drip rate by 25 - 50% of current rate.

Moderate to severe pain, increase drip rate by 50-100% of current rate.

FOR BREAKTHROUGH PAIN

Morphine _____ mg. IV q 15 minutes prn

OTHER

ATIVAN _____ mg. p.o./IV **HALDOL** _____ mg. p.o./IV

q 6 hours prn **OR** q 6 hours prn **OR**

AND/OR

q _____ hours prn q _____ hours prn

(if benzodiazepine naïve, recommend 0.5 mg. q 6 hours)

7. Diet: p.o. diet as requested by the patient. Offer ice chips/sips of water as tolerated.
(Note to physicians: if patient has been receiving artificially administered hydration and/or nutrition (AAHN), see statement on underside of order and counsel patient/family accordingly).
8. Assess q 2 hours; reposition prn (based on maximum patient comfort and Skin Care SOP).
9. Activity: per patient wishes and safety.
10. No restrictions on family members/friends/visitors; provide comfort/support as needed.
11. Pastoral Care consult (fax this order to x43943).
12. Notify Hospice Bereavement Coordinator (Call Hospice _____, 8 am to 5 pm, M-F).
13. Aqua-k pad prn.
14. Foley for incontinence/debilitation AND if provides patient comfort.
15. Palliative Care Consult Yes No
16. Other _____

See page 2 for guidelines and references regarding:

- 1) Signs and symptoms of the imminently dying 2) Sedation at end of life 3) Artificial nutrition and hydration at end of life

PHYSICIAN SIGNATURE

DATE / TIME



**PHYSICIAN ORDERS FOR
COMFORT MEASURES**

Page 2 of 2

IMPRINT PATIENT PLATE WITHIN THIS BOX

FAX ORDERS TO PHARMACY ASAP

COMFORT MEASURES ONLY (CMO)
SIGNS AND SYMPTOMS OF THE IMMINENTLY DYING PATIENT

Look for signs that a patient has entered the active phases of dying: decline in mental status, obtundation, "death rattle", pooled oral secretions, loss of swallowing reflex, fever or hypothermia. Later stages may include: coma, cool extremities, altered respiratory pattern (either fast or slow) and ultimately loss of heartbeat/respirations. Make sure that maximum comfort measures are provided, while simultaneously minimizing invasiveness. At all times, respect for the patient's comfort and dignity must be maintained. Medical, nursing

REGARDING SEDATION AT END OF LIFE

NOTE: Treating the symptoms of dying patients with morphine and lorazepam is not the same as providing euthanasia. Opioids used to treat pain should not be stopped as death approaches – assume that the pain stimulus is still present; families always want reassurance that their loved one is not suffering.

REGARDING NUTRITION/HYDRATION AT THE END OF LIFE

AAHN Statement:

If a patient has no Advance Directive and is mentally incapacitated, artificially administered hydration and/or nutrition (AAHN) may be withheld or withdrawn if it is the medical judgment of two physicians that: (1) AAHN will cause severe intractable and long-lasting pain to the incapacitated patient, (2) AAHN is not medically possible, or (3) the patient is chronically and irreversibly incompetent, is in the final stages of a terminal illness or injury and death is imminent. In each circumstance, AAHN may NOT be withheld or withdrawn if this would result in death from dehydration or starvation rather than from the underlying illness or injury.

FOR DISCONTINUATION OF AICD – DETERMINE MANUFACTURER AND CALL BELOW

Manufacturer Contact Numbers

(Ask for the Tulsa representative on call)
Medtronic: 1-800-MEDTRON 1-800-633-8766
Guidant: 1-800-CARDIAC 1-800-227-3422

REFERENCES:

- 1) Weissman, DE. Fast Fact and Concepts #03: Syndrome of Imminent Death. June, 2000. End-of-Life Physician Education Resource Center. www.eperc.mcw.edu
- 2) Weissman, DE. Fast Fact and Concepts #20: Opioid Dose Escalation, July, 2000. End-of-Life Physician Education Resource Center. www.eperc.mcw.edu
- 3) Comfort Measures Only Protocol – Mount Auburn Hospital/Harvard Medical School, Cambridge, Mass. 1995
- 4) St. John Medical Center Skin Care SOP
- 5) St. John Medical Center Pain Management SOP
- 6) Storey P. Knight C, UNIPAC Three: Assessment and Treatment of Pain in the Terminally Ill. 2nd Ed. 2003
- 7) 63 O.S. § 3080

CONFIDENTIAL INFORMATION