



COMFORT MEASURES ONLY PROTOCOL (For ICU or Non-ICU patients)

SJMC Core Value: Human Dignity

We respect the unique personhood of every individual with whom we come in contact in the provision of our services.

Goals

- I. Preserve the wholeness, integrity, and dignity of the patient/family unit at the end of life.
- II. Assess and manage, to the patient's and family's satisfaction, all dimensions of pain – physical and existential (psychological, emotional, spiritual).
- III. Provide a caring environment in which medical intervention is balanced with comfort and dignity.
- IV. Assure that, regardless of the choices patients/families make, they will not be abandoned in the dying process.

Recommendations

1. Provide assistance in moving the patient/family from the hope for a cure to the hope for a dignified death.
2. Answer questions honestly.
3. Assure the family that quality end-of-life care is being given.
4. Determine what family member needs is a priority at any given time during the dying process.
5. Determine if other healthcare professionals need to become involved.
6. Encourage family members attendance at the care conferences and include family members in planning comfort care measures.
7. Explain all comfort care procedures in understandable terms.
8. Include the family in providing such direct patient care as bathing, positioning, giving backrubs, etc.
9. Allow flexible family visitation to meet patient/family needs.
10. Encourage personalization of the patient's environment by having family members provide pictures, tapes of favorite music, bouquet of favorite flowers, etc.
11. Include family members in end-of-life care planning and implementation.
12. Consider use of Comfort Measures Only Physicians Orders, a Palliative Care consult for the patient with complex symptoms, or a Hospice consult for the terminally ill patient expected to discharge from the hospital.
13. Keep family contact person fully informed of changes in the patient's condition.
14. Discuss ethical issues involved, with such decisions as withholding or withdrawing artificial feeding and hydration, withdrawing or withholding life-sustaining treatments, and withholding resuscitation.
15. Encourage family presence at the bedside during the dying process and respect their need for privacy as a family.
16. Assure that the "at the time of death" SOP is followed in regard to posting the Iris Placard on the doorjamb and obtaining the bereavement tray for the family.
17. Create an environment in which family members can vent and express their emotions.
18. Provide a setting in which family members are able to receive support from one another and from the healthcare professionals.



PHYSICIAN'S ORDER SHEET
PHYSICIAN ORDERS FOR:

COMFORT MEASURES Page 1 of 2 Check here if STAT medications ordered

ANOTHER BRAND OF GENERICALLY EQUIVALENT PRODUCT, APPROVED BY THE PHARMACY AND THERAPEUTICS COMMITTEE, MAY BE ADMINISTERED UNLESS (SPECIFIC) IS WRITTEN AFTER THE MEDICATION ORDER.

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

USE CAUTION IN PATIENTS WHO ARE OPIATE SENSITIVE OR WITH RENAL/LIVER DISEASE

ANXIETY/RESTLESSNESS – Assess anxiety/restlessness every 2 hours and prn.

ATIVAN _____ mg. p.o./IV **HALDOL** _____ mg. p.o./IV
 q 6 hours prn **OR** **AND/OR** q 6 hours prn **OR**
 q _____ hours prn q _____ hours prn
 (if benzodiazepine naïve, recommend 0.5 mg. q 6 hours)

OTHER

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 747-7901, 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 reverse side of this sheet 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



CONFIDENTIAL INFORMATION



PHYSICIAN'S ORDER SHEET
PHYSICIAN ORDERS FOR:

COMFORT MEASURES Page 2 of 2

Check here if STAT
 medications ordered

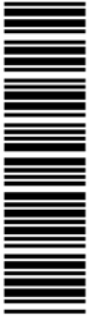
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COMFORT MEASURES ONLY (CMO)

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 and staff interventions should be focused on providing patient and family comfort.

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