

Goal of Care

Comfort and Peace: Our primary aim is to ensure comfort and peace for the patient at the end of life, with comfort being defined by the patient and their family.

Comfort Measures

What We WILL Do

Symptom Relief Medications:

- Medications for pain, anxiety, shortness of breath, restlessness, confusion, nausea, cough, and other discomforts.

Hygiene & Comfort:

- Mouth care to keep the mouth moist and clean.
- Repositioning and bathing for comfort and to prevent skin breakdown.

Nutrition:

- Pleasure feeding (favorite foods allowed as tolerated).
- Urinary catheter if necessary for comfort.

Spiritual & Emotional Support:

- Access to Social Work and Spiritual Care (whether or not religious).
- Play favorite music to soothe the patient.
- Encourage family presence and participation in care.

End of Life Education:

- We will provide resources like the Gone from My Sight booklet and assist with hospice care information.

What We MAY Avoid:

Routine Diagnostic Measures:

- No routine vital signs, blood draws, or imaging tests.

Oral Medications:

- If medications are not tolerated orally, alternatives like sublingual or subcutaneous routes will be used, or medications may be discontinued.

IV Fluids & Intensive Care:

- IV fluids are avoided to prevent fluid overload or difficulty breathing.
- No ICU or intermediate care transfers.

Managing Symptoms at End of Life

Pain & Shortness of Breath:

- Opioids (morphine, oxycodone, hydromorphone) for pain relief and dyspnea.
- Oral or Sublingual (SL) is preferred for longer coverage.
- IV opioids for breakthrough pain, but these act quickly and don't last long.

Anxiety & Restlessness:

- Benzodiazepines (e.g., Ativan, Xanax) to reduce anxiety or agitation.
- May be used with opioids for shortness of breath.
- Haldol

Secretions (Death Rattle):

- Levsin or Robinul to manage terminal secretions.
- Repositioning can help clear secretions before medication.
- Do not treat prophylactically—the sound is natural and not distressing to the patient.

Respiratory Distress:

- Morphine and Ativan can help ease breathing difficulty and anxiety.
- Oxygen is cautiously used for comfort, but it can prolong the dying process.

Family Education

- Reassurance: Comfort will be prioritized. It's normal for the body to change as death approaches.
- Support: Encourage talking to, touching, and staying with the patient.
- Hospice: We will help you understand and access hospice care if appropriate.
- Palliative Care Team: If symptoms become difficult to manage, we will involve the Palliative Care Team for additional support.

Caregiver Support

We value you as a caregiver. You may choose to be involved in various aspects of care, including:

- Assisting with mouth care, repositioning, and bathing.
- Playing favorite music for the patient.
- Spending time with the patient for emotional and physical support.

Insurance and Coverage

- **Medicare:** Medicare covers comfort care under hospice benefits.
- **Other Insurance:** Most insurance plans cover comfort care if it's part of hospice benefits.

For More Information:

If you think comfort care might be right for you or your loved one, talk to your physician, nurse, or healthcare professional. They can arrange a Comfort Care Information visit and help guide you through the process