

Comfort Care Only



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Objectives



- ✧ Define the difference between DNR-CC and DNR-CCA.
- ✧ Identify two comfort measures for the respiratory and gastrointestinal systems.
- ✧ Discuss the principles of hydration/enteral feeding at end-of-life.
- ✧ Describe two pain management comfort measures

DNR



- * A written order by a physician letting health care personnel know that a patient does not wish to be resuscitated in the event of a cardiac arrest (no palpable pulse) or respiratory arrest (no spontaneous respirations or the presence of labored breathing at end of life).
- * Full care is given until the time the patient stops breathing or their heart stops beating.

DNR-CCA



- ✱ **DNR Comfort Care-Arrest (DNRCC-A or DNRCC-Arrest):** a person receives standard medical care until the time he or she experiences a cardiac or respiratory arrest.
- ✱ **A patient who wants all measure of medical care to sustain life up to the time of resuscitation and then CPR is not initiated.**

DNR-CC



- * DNR Comfort Care (DNRCC): a person receives any care that eases pain and suffering, but no resuscitative measures to save or sustain life.
- * A patient who is terminal who wants no medical treatment other than that which provides comfort or relief of symptoms.

Respiratory Care



- * As the end of life nears A patient may experience a cough or dyspnea which can be attributed to many things such as an obstruction by tumor, fluid overload, or ascites.
- * Things which may help dyspnea:
 - * The use of supplemental oxygen
 - * Morphine sulfate 2.5-10 mg PO/SL or 1-2 mg IV
 - * Guaiafenesin with codeine (100mg/10mg per 5 ml) can help with a cough

Respiratory Care (CONT)



- * Elevate head of bed
- * Turn to side
- * Hold patient's hand
- * Speak gently

Respiratory Care



- * Congestion – gurgling sounds – unable to cough
 - * **Suctioning increases secretions and causes discomfort**
 - * Gently turn head to side, wipe mouth and moisten mouth and lips
 - * Scopolamine patch

Gastrointestinal Care



- * At the End –of-life patients will lose their desire to eat. There is a decrease in appetite and thirst as body shuts down
 - * **Do not force food or drink**
 - * Small ice chips or frozen drink
 - * Mouth care for comfort
 - * Moist cool wash cloth to lips and mouth

Pathophysiology



- * At the end-of –life the body’s metabolism begins to slow.
- * As hemostasis is lost carbohydrate, protein, and fat breakdown is also altered.
- * Failure of the liver causes drug metabolism to be altered. The effects the breakdown of opioids.
- * This leads to a decrease in the motility of the GI tract.

Enteral Feedings



- ✱ This slows the movement of food. Therefore food given to a patient may remain the GI for extended period of time. This may lead to either emesis or constipation.

Hydration



- ✧ As the end-of-life nears glomerular filtration slows.
- ✧ The dying lose their sense of thirst.
- ✧ Hydrating a patient can cause electrolyte imbalances, fluid overload, respiratory congestion and other complications.

Pain Management

- ✧ **Comfort is the goal of care**
- ✧ Pain management – most frequent problem with advanced cancer (and others at end-of-life)
- ✧ Common pain syndromes in cancer patients
 - ✧ Pain associated with direct tumor infiltration
 - ✧ Pain associated with cancer therapy
 - ✧ Pain not associated with cancer or cancer therapy
 - ✧ Assess for the underlying cause

Pain Management



- * Principles of analgesic use in pain management
 - * Individualize the dose and route
 - * Preferred route is oral or transdermal
 - * Use route most effective for patient comfort
 - * Combinations of opioid and non-opioid agents
 - * Continuous IV drips

Pain Management (CONT)



- * Administer analgesics around the clock vs PRN (esp. if pain is present most of the time)
- * Never use placebos
- * Be aware of the development of tolerance and know that doses will likely increase over the time of care
- * Be alert to the psychological state of the patient

Resources



- * American Hospice Association (americanhospice.org)
- * www.odh.ohio.gov