The Palliative Response
Comfort Care in the Last Hours of Life

Admit to: (Appropriate Unit)
Diagnosis: (i.e. Metastatic Lung Cancer/Pain Crisis)
Condition: Grave
Status: Do Not Attempt Resuscitation (DNAR) (DNAR terminology preferable to DNR)

Diet
Order a diet; patient may improve and desire to taste food
Full liquid instead of clear liquid (can advance if tolerate)
(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
Frequent monitors can alarm patient and family
Numbers can distract staff/family from patient

IV Considerations
Starting 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. If IV fluids are used, suggest a limited time trial, such as a 1000-1500 cc D51/2 NS over 6 hours.

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, reposition, sit up. Nebs may be helpful

Hygiene
Avoid Foley catheter if possible (may be helpful for hygiene in select patients, e.g., obese or immobilized patient)
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 to much higher dose based on recent use q 2 hours
Offer—patient may refuse
Morphine Sulfate subq q2 hours (1/3 the oral dose)
Offer—patient may refuse

Pain, Dyspnea, Anorexia, Asthenia & Depression
Corticosteroid can have multiple beneficial effects
Less mineral-corticoid effect than Prednisone
Does not have to be given in multiple doses
Dexamethasone 4mg PO/SubQ breakfast and lunch

Nausea and Delirium (Phenothiazines)
Haloperidol 2mg PO or 1mg SubC
Starting dose and q2 hours until settled; up to 3 doses for delirium
Increase frequency to q8-12 hours as needed
Nausea usually requires less frequent doses
Excellent antiemetic, helpful with delirium common at Life’s End

Anxiety and Seizures (Benzodiazepines)
Lorazepam 1mg PO/SubC q6-8 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, avoid deep suctioning
Scopolamine patch topical behind ear q3 days (Atropine eye drops 2-3 in mouth q4 hours or till patch effective)
Yonkers might help with mouth care; 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 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 Gone From My Sight

Notify Pastoral Care and Social Work of admission if appropriate

Avoid restraints