Comfort Care Symptom Management Guide – End of Life

DYSPNEA

Assessment

- Use "RDOS" respiratory distress scale to assess in a non-verbal patient
- Rely on opioids for comfort

Non-pharmacologic interventions

• Positioning (sit up)

Medical management

- See "How to Dose Opioids"
- Add benzodiazepine if opioid alone is ineffective
- Oxygen per COVID Comfort Care Order Set

PAIN

Assessment

- Use "NPAT pain scale" to assess in a non-verbal patient
- Rely heavily on opioids for comfort

Medical management

• See "How to Dose Opioids"

SECRETIONS

Assessment

- May not be distressing to patient
- Reposition/suction

Medical management

 Glycopyrrolate 0.2 mg IV/SQ q4H PRN

AGITATION/DELIRIUM/ANXIETY

Assessment

 Evaluate for other causes of distress (dyspnea, pain, urinary retention, constipation, etc.)

Medical management

- Lorazepam 2 mg q4 PRN anxiety, first-line.
- Haldol 5 mg q4 PRN agitation/ delirium, first-line.
- If refractory, Thorazine 50 mg
 IV Q6 PRN or page palliative medicine

SIGNS OF ACTIVE DYING

Hours-to-days

- Delirium, agitation or unresponsiveness
- Lack of appetite or energy
- Oliguria
- Terminal secretions
- · Pulselessness of radial artery

Minutes-to-Hours

- Mottling of skin/cool extremities
- Apneic periods
- Cheyne-Stokes breathing

HOW TO DOSE OPIOIDS

- Avoid morphine/hydromorphone in renal failure
- If already on opioids but uncontrolled symptoms, increase dose 25-50%
- · Use PRN meds for acute distress

Morphine IV/SQ	5 mg
Hydromorphone IV/SQ	1 mg
Fentanyl IV/SQ	100 mcg

• If uncontrolled in 5 min, increase to:

Morphine IV/SQ	7 mg
Hydromorphone IV/SQ	1.5 mg
Fentanyl IV/SQ	150 mcg

• If uncontrolled in 5 min, increase to:

Morphine IV/SQ	10 mg
Hydromorphone IV/SQ	2 mg
Fentanyl IV/SQ	200 mcg

- If uncontrolled in 5 min, page palliative medicine
- Once a dose controls dyspnea/pain, order this dose q5 min PRN

STARTING CONTINUOUS OPIOID INFUSIONS

See comfort care order set for recommended starting doses