

<b>Order Type</b>	<b>Examples and Helpful Tips</b>
<b>Diet</b>	<ol style="list-style-type: none"><li>1. Order a diet – it may improve the desire to taste food</li><li>2. Full liquid rather than clear liquid if necessary and advance as tolerated</li><li>3. May have food brought in by family</li><li>4. Allow resident to sit up for meals and provide assistance</li></ol>
<b>Activity</b>	<ol style="list-style-type: none"><li>1. Allow resident to sit in chair and/or use a bedside commode if capable and desired</li><li>2. Other activities as tolerated</li><li>3. Allow family to stay in room</li></ol>
<b>Vital Signs</b>	Minimum frequency allowed by policy – <ol style="list-style-type: none"><li>a. Frequent monitoring and numbers can alarm resident and family.</li><li>b. Limit physician/NP notification parameters.</li></ol>
<b>IV Orders</b>	<ol style="list-style-type: none"><li>1. If IV fluids used, suggest a time limited trial, e.g., 1000 cc of D5 1/2 N Saline over 6 hours<ol style="list-style-type: none"><li>a. Starting IV is often difficult and painful – and usually of limited benefit</li><li>b. Edema indicates resident is not volume depleted</li><li>c. Oral hydration a reasonable approach</li><li>d. Subcutaneous injections of small volumes of medicines using a small butterfly needle under the skin of the thigh or abdomen may avoid the need for IV</li></ol></li></ol>
<b>Orders for Dyspnea and Shortness of Breath</b>	<ol style="list-style-type: none"><li>1. Oxygen 2-4 L by nasal cannula; avoid mask</li><li>2. Avoid monitoring oxygen saturations</li><li>3. Blow air on face with a bedside fan</li><li>4. Turn and reposition</li><li>5. Nebulizers may be helpful</li><li>6. Use opioids for persistent dyspnea</li></ol>

## Examples of

**COMFORT CARE INTERVENTIONS**  
(*cont'd*)

Order Type	Examples and Helpful Tips
<b>Hygiene</b>	<ol style="list-style-type: none"> <li>1. Avoid Foley catheter if possible               <ol style="list-style-type: none"> <li>a. May be helpful in selected residents who are immobile and have pain with movement</li> </ol> </li> <li>2. Check regularly for stool impaction               <ol style="list-style-type: none"> <li>a. Suppositories may be helpful</li> </ol> </li> </ol>
<b>Pain and Dyspnea</b>	<ol style="list-style-type: none"> <li>1. Opioids usually most effective</li> <li>2. Usually stop sustained preparations and switch to immediate release Morphine concentrate 20mg/ml</li> <li>3. Start with equivalent dose as previous regimen – at least 5mg PO every 2 hours</li> <li>4. Offer routinely, and let the resident refuse</li> </ol>
<b>Anorexia, Asthenia, Depression, Pain, Dyspnea</b>	<ol style="list-style-type: none"> <li>1. Corticosteroids can have many beneficial effects</li> <li>2. Use Dexamethasone 4-8 mg PO/SubQ at breakfast and lunch (avoids the mineralocorticoid effects of prednisone)</li> </ol>
<b>Nausea and Delirium</b>	<ol style="list-style-type: none"> <li>1. Haloperidol 0.5-2mg PO or 0.5-1mg SubQ every 2 hours X 3 doses or until settled; then every 6-8 hours PRN</li> </ol>
<b>Anxiety and Seizures</b>	<ol style="list-style-type: none"> <li>1. Lorazepam for anxiety 0.5-1mg PO/SubQ every 6-8 hours</li> <li>2. Must be given IV or SubQ for seizures</li> </ol>
<b>“Death Rattle”</b>	<ol style="list-style-type: none"> <li>1. Keep back of throat dry by turning head to the side</li> <li>2. Stop IV fluids or tube feedings</li> <li>3. Use a Scopolamine patch; Atropine drops 2-3 in the mouth every 4 hours until patch effective</li> <li>4. Avoid deep suctioning</li> <li>5. Family can cleanse mouth with sponge sticks</li> </ol>
<b>Comfort and Safety</b>	<ol style="list-style-type: none"> <li>1. Reposition, massage, sit and speak with resident.</li> <li>2. Avoid sensory overload (e.g. loud TV); use soft music</li> <li>3. Avoid use of restraints, bedrails, and alarms</li> </ol>