

# ComfortCare



# Learning agenda

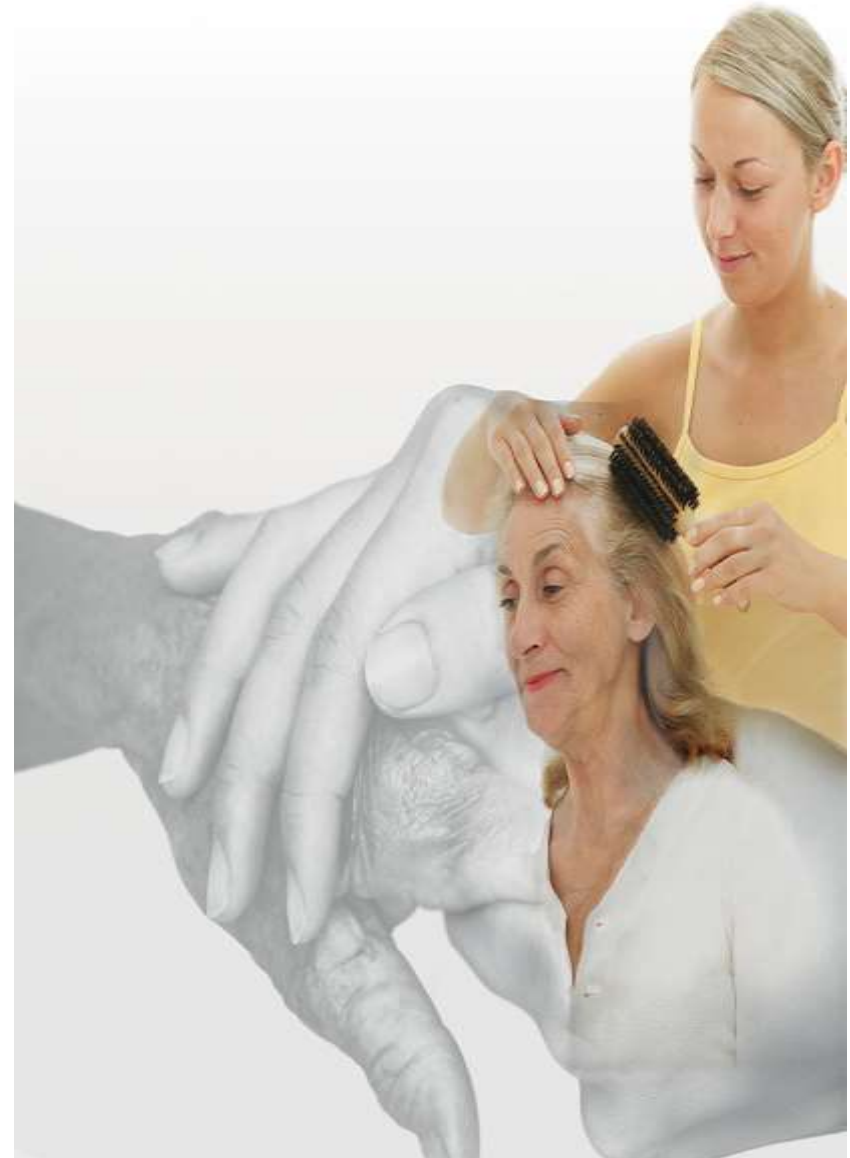
- Introduction
- Purposes
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- Comfort care measures
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# Introduction

**Comfort care** is an essential part of medical **care** at the end of life. It is **care** that helps or soothes a person who is dying.

Its also known as palliative and supportive care.

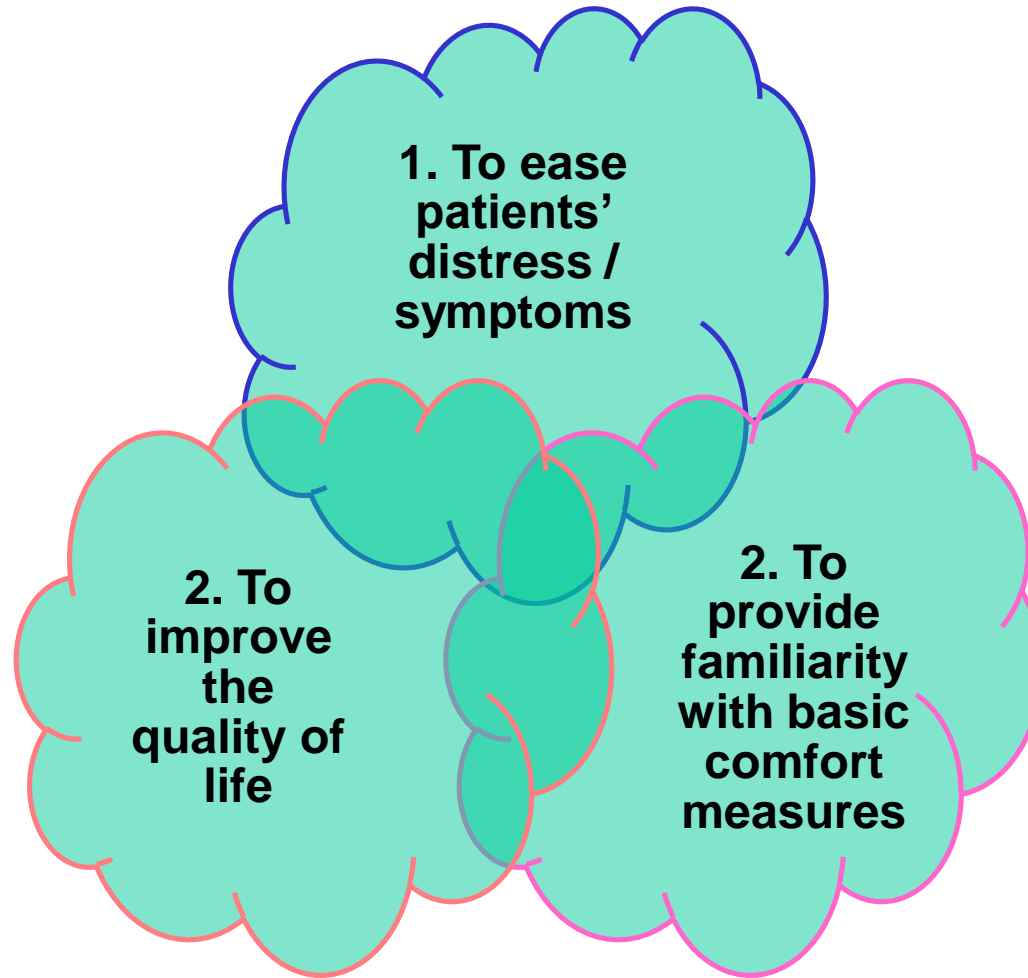


## Concept

The term “comfort care” is used to describe a set of the most basic palliative care interventions that provide immediate relief of symptoms in a patient who is very close to death.



# Purposes

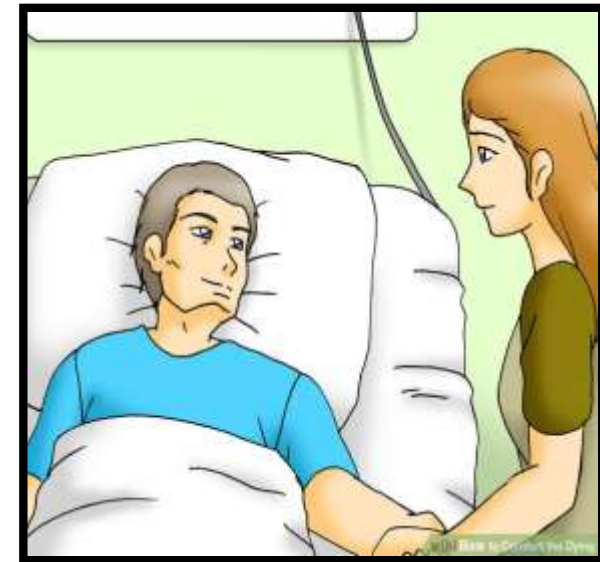


# Characteristics

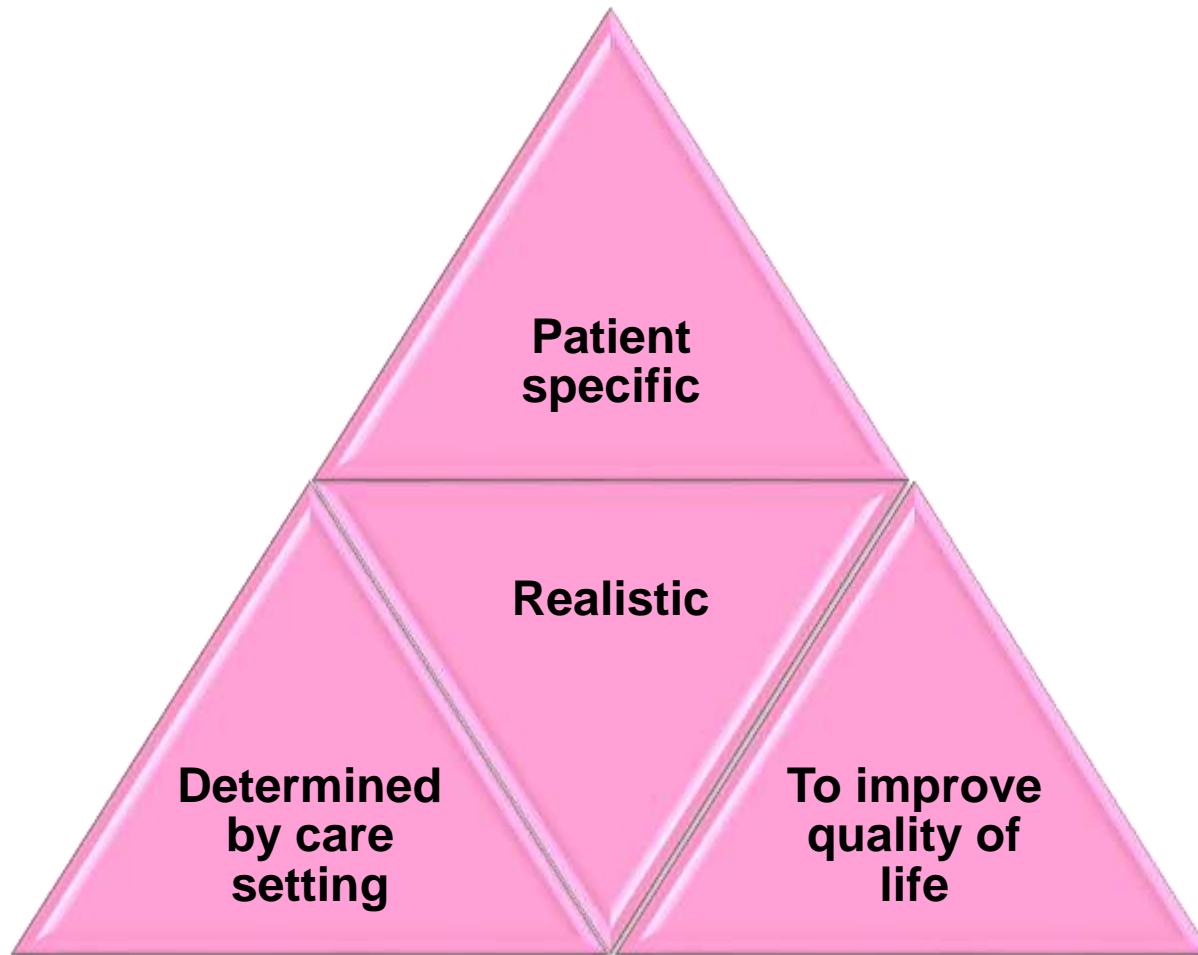
Comfort care does not seek to cure or aggressively treat illness or disease.

Focuses on easing the effects of the symptoms of disease.

Comfort care can be given at home.



# Goals of Care



# Benefits of Comfort Care



**Honors  
patient's  
wishes for  
dignity**

**Provides  
evidence  
based  
measures**

**Provides a  
common  
platform to  
discuss**

**Demonstrates  
partnering and  
collaboration**



## Comfort care team



- Nurses
- Certified Nurse Assistants, or home health aides
- Social workers
- Physicians
- Spiritual Care Providers, (Chaplains)
- Other health care professionals ( PT, OT, Speech, Dietary)

# Symptoms or conditions does comfort care treat

**Cancer**

**Heart  
disease**

**COPD**

**dementia or  
Alzheimer's  
disease/  
Delirium**

**Respiratory  
problems**

**Nausea &  
Vomiting**

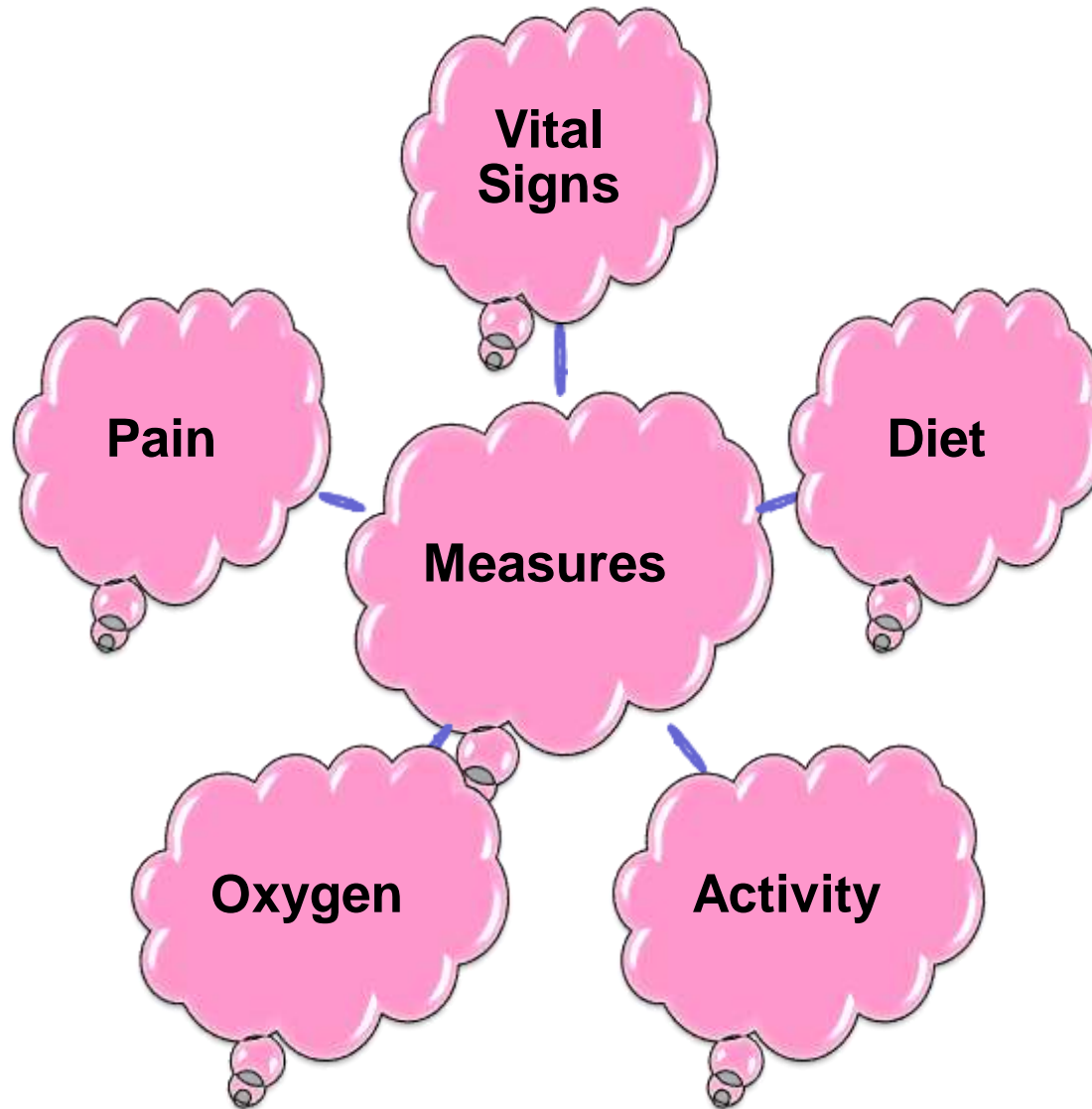
**Anxiety &  
Insomnia**

**Pain**

## Comfort care measures

**Comfort Measures** refers to medical treatment of a dying person where the natural dying process is permitted to occur while assuring maximum **comfort**. It includes attention to the **psychological and spiritual needs** of the patient and support for both the dying patient and the patient's family.

**Cont..**



# Common symptom Management

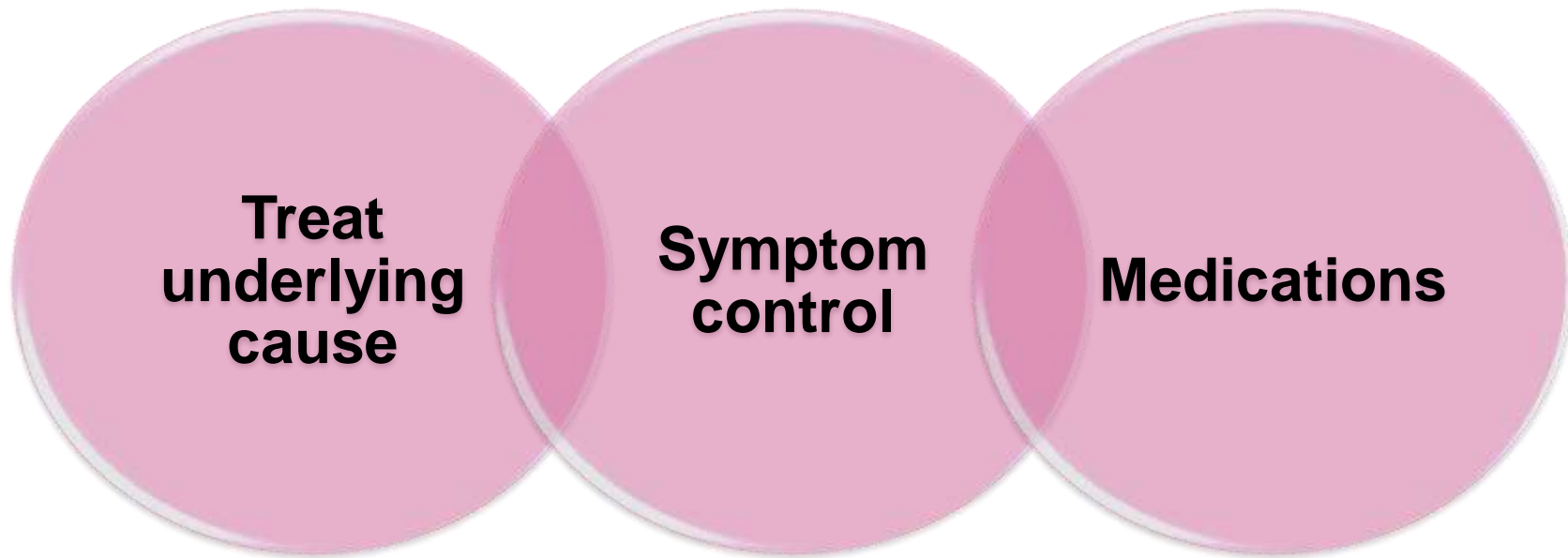
## 1. Delirium



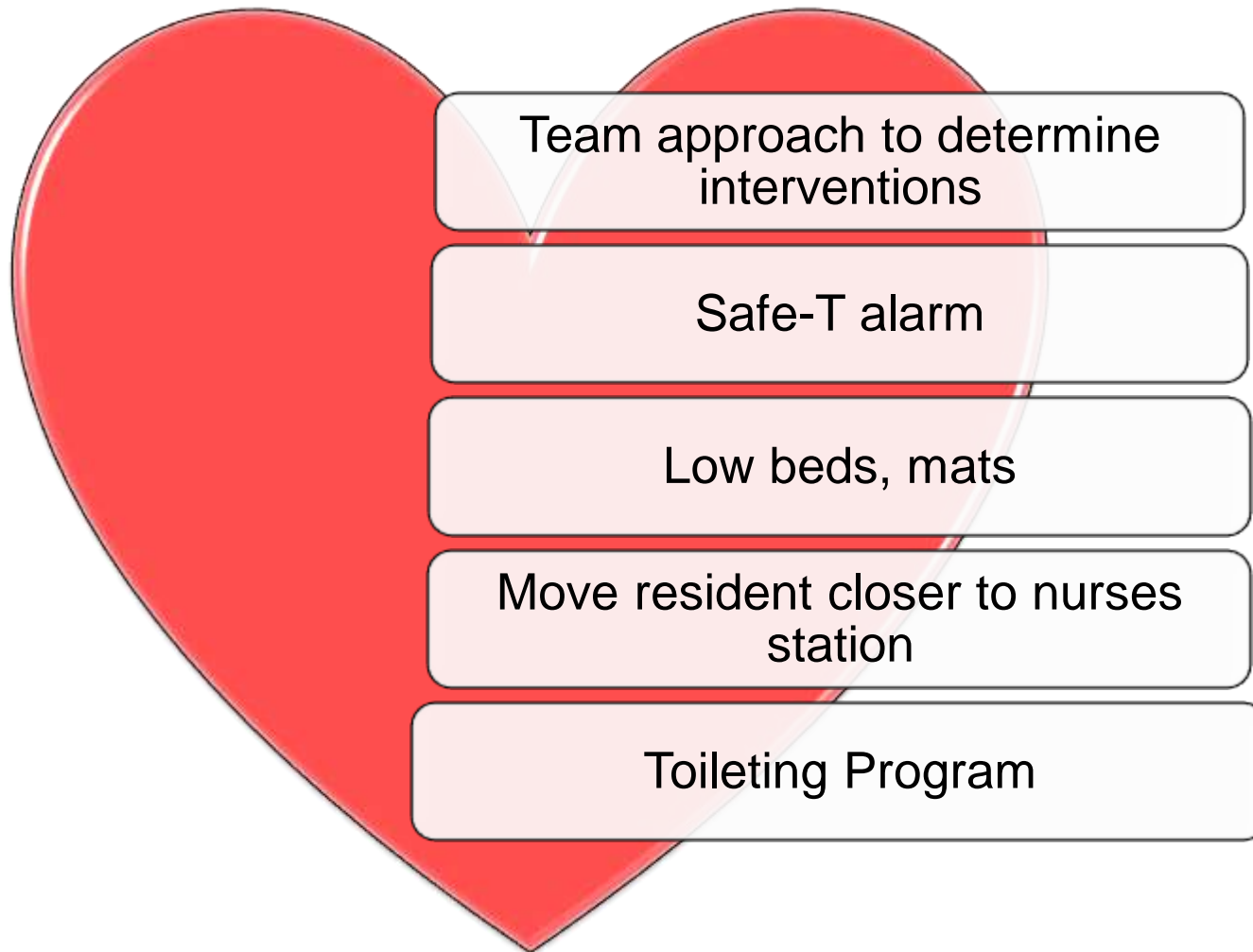
### Causes:

- Medications
- Brain Tumor
- Metabolic abnormalities
- Organ failure
- Dehydration
- Infection
- Hypoxemia
- Fecal Impaction
- Urinary Retention
- Unfamiliar environment

# Delirium Treatment



## 2. Falls Prevention



### 3. Anorexia/Cachexia

#### Causes

- Immune mediators
- Metabolic changes, change in taste
- Nausea, constipation
- Gastritis, Peptic ulcer disease
- Drugs/Medications
- Depression & Pain

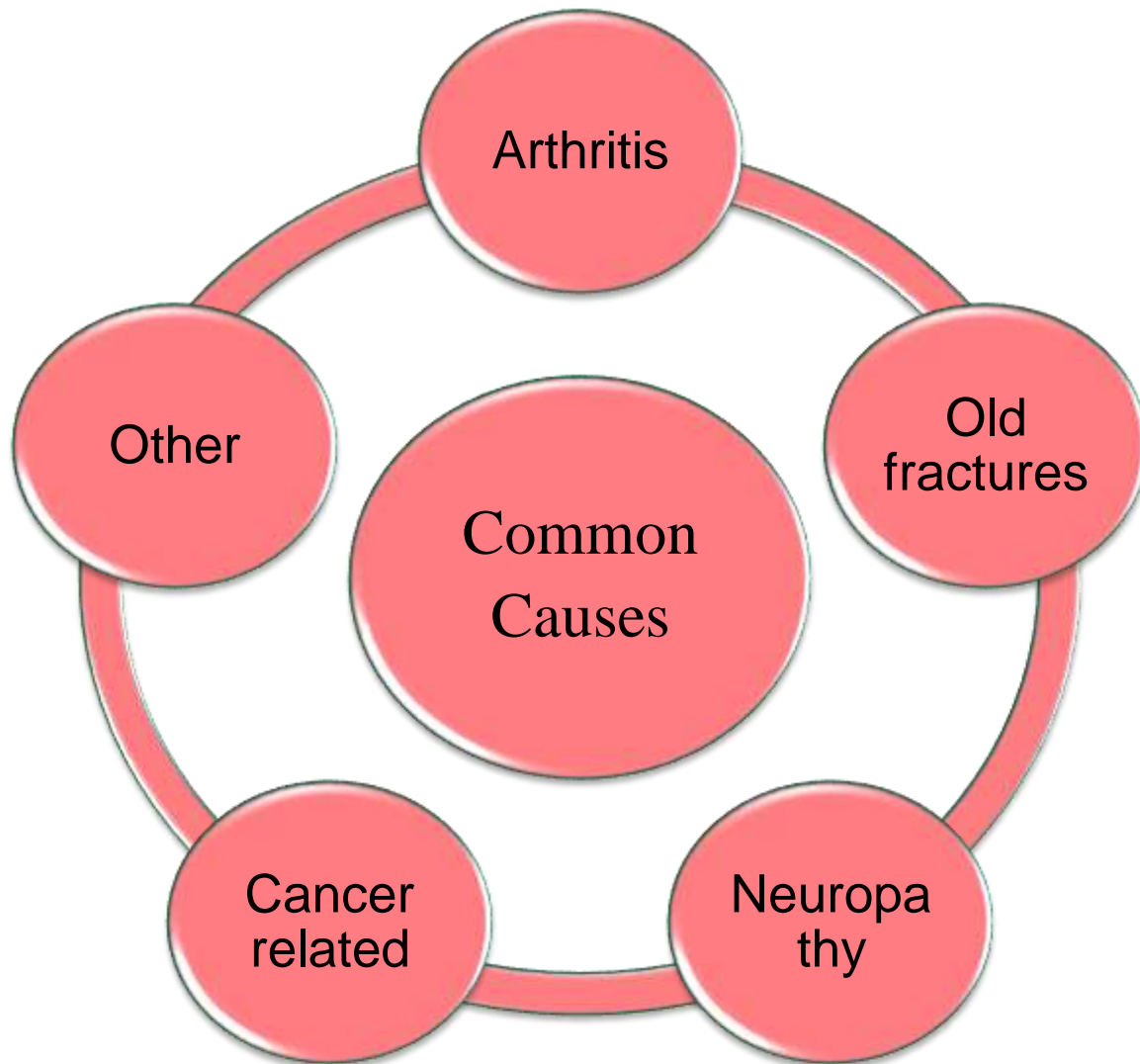




# Management of anorexia/Cachexia



## 4. Pain



# Pain Assessment



# Pain Treatment

- World Health Organization Step Model
  - Mild (1-3)
  - Moderate (4-6)
  - Severe (7-10)
- Use opioids when indicated: moderate to severe pain.

# Key Points to “Honor Wishes for Comfort”

- Relief of distressing symptoms and pain.
- Medications are often required to relieve symptoms.
- Medications are to reduce pain and suffering, not to hasten death. ~~0%~~
- Supporting families can reduce suffering and distress during their loved one’s death and afterwards.

# Barriers to obtain comfort care

**Failure to acknowledge the limits of medicine**

**Lack of training for healthcare providers**

**Hospice/palliative care services are poorly understood**

**Rules and regulations**

**Denial of death**

# Conclusions

Comfort care has been recognized throughout the world as an important medical specialty. Considerable advances have been made during that time in our knowledge of the management of symptoms in terminal illnesses — advances that deserve widespread incorporation into the clinical practice of both generalists and specialists.

# References

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# Objective type questions

1. **A nurse caring for several patients on the cardiac unit is told that one is scheduled for implantation of an automatic internal cardioverter-defibrillator. Which of the following patients is most likely to have this procedure?**
- A. A patient admitted for myocardial infarction without cardiac muscle damage.
  - B. A post-operative coronary bypass patient, recovering on schedule.
  - C. A patient with a history of ventricular tachycardia and syncopal episodes.
  - D. A patient with a history of atrial tachycardia and fatigue.

**The answer is C. A patient with a history of ventricular tachycardia and syncopal episodes**

**2. A nurse calls a physician with the concern that a patient has developed a pulmonary embolism. Which of the following symptoms has the nurse most likely observed?**

A. The patient is somnolent with decreased response to the family.

B. The patient suddenly complains of chest pain and shortness of breath.

C. The patient has developed a wet cough and the nurse hears crackles on auscultation of the lungs.

D. The patient has a fever, chills, and loss of appetite.

**The answer is B. The patient suddenly complains of chest pain and shortness of breath.**

- 3. A patient is undergoing the induction stage of treatment for leukemia. The nurse teaches family members about infectious precautions. Which of the following statements by family members indicates that the family needs more education?**
- A. We will bring in books and magazines for entertainment.**
  - B. We will bring in personal care items for comfort.**
  - C. We will bring in fresh flowers to brighten the room.**
  - D. We will bring in family pictures and get well cards.**

**The answer is C. We will bring in fresh flowers to brighten the room**

