

Comfort Care Order Set Nursing FAQ

1. Which patients are appropriate for the Comfort Care Order Set?

- Any patient who has opted for comfort-focused care with a DNR and DNI order.

2. Do I need to call the Provider for a new order with every dose change?

No, a call is not needed. The Comfort Care Order Set allows nurses to titrate medication based on routine assessment and monitoring, facilitating more rapid symptom control.

3. When do I give an IV opioid bolus?

- For rapid symptom relief, bolus as frequently as every 10 minutes. Boluses work within minutes, reaching peak effect within 10-15 min, then another dose is indicated if symptoms are uncontrolled.

4. How do I administer an IV opioid bolus?

- If frequent boluses (≥ 2 boluses within 20 minutes) are anticipated for symptom control (*i.e. imminent death/terminal extubation/uncontrolled symptoms*):
 - Primary RN should don PPE, enter the room with a bolus dose and remain bedside to assess
 - Charge RN, designated RN, or Pharmacist should hand additional doses to RN at bedside
- If IV pump is outside the room with extension tubing: once comfort is achieved, set up a Normal Saline KVO. Administer bolus via lowest distal y-site on the primary tubing and flush with volume equal to the prime capacity of the extension tubing noted.

5. Does my patient need an opioid infusion?

- Infusions should be continued in those patients already established on one.
- Give boluses in conjunction with infusion; do not increase infusion > than every 4 hours.
- New infusions should only be started in patients who:
 - Are opioid tolerant at baseline.
 - Require frequent boluses over a sustained period (*Initial Management in the Guideline*).

6. How should I administer opioid infusions to patients receiving comfort care?

- The RN may apply extension tubing to operate the pump from outside the room.
- Boluses may be delivered from the bag according to the Comfort Care Order Set.

7. How should I monitor to ensure my patient is comfortable?

- Pain: The Numeric Rating Scale if able to self-report, or Behavioral Pain Scale if unable to self-report.
- Dyspnea: Assess for use of accessory muscles and rate of breathing
- Other symptoms (anxiety, delirium, agitation, restlessness, secretions, N/V, etc.): refer to guideline

8. How should I document medications administered for comfort?

- Document the administration of all bolus doses. Pain score should also be documented at baseline and, when possible, at the peak of the medication (10-15 minutes). Documentation helps inform future dose changes and titrations.

9. Is there additional guidance I can look to beyond the Comfort Care Order Set in Penn Chart?

- Penn Medicine Formulary (type "Comfort" in the search bar) – access link:
 - o http://online.lexi.com/lco/action/doc/retrieve/docid/hup_f/5305670?searchUrl=%2Ffco%2Faction%2Fsearch%3Fq%3Dcomfort%26t%3Dname%26va%3Dcomfort
- PennPathways/Dorsata for the key steps in the guideline:
 - o https://pathways.dorsata.com/client?user_email=penn@dorsata.com&user_token=bLzfJoeW-qzixnrch9bk#/pathways/2716/view?origin=content_collection

10. Who can I call if I have questions about comfort care or the Comfort Order Set?

HUP/PPMC: Pall Care Pager - 215-265-2865

PAH: Stan Savinese - 610-761-9789

Tanya Uritsky, PharmD - 267-226-9674

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