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:
     - [http://online.lexi.com/lco/action/doc/retrieve/docid/hup_f/5305670?searchUrl=%2Flco%2Faction%2Fsearch%3Fq%3Dcomfort%26t%3Dname%26va%3Dcomfort](http://online.lexi.com/lco/action/doc/retrieve/docid/hup_f/5305670?searchUrl=%2Flco%2Faction%2Fsearch%3Fq%3Dcomfort%26t%3Dname%26va%3Dcomfort)
   - PennPathways/Dorsata for the key steps in the guideline:

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  
      CCH: Mike Soojian - 484-787-9266; Marge Lange - 484-653-8151
    - Jake Radcliff, PharmD -215-605-122  
      PMPC: Joy Hertzog - 609-955-0748; David Barile - 609-495-4368