Comfort Care (withholding/withdrawal of Life Sustaining Medical Treatment

Notify Legacy of Hope Complete required documentation in the EMR: Code status changed to comfort within 1 hour of care with documentation to include: clinical information, prognosis, patient/family discussing comfort care Explain the plan for wishes/advanced directive, plan for comfort care with family comfort care to patient/ family Plan includes: - discontinuation of all Pain Management* care that does not 1. Morphine 2-10 mg IV bolus q15 minutes PRN promote comfort except 2. If frequent boluses required, add a morphine infusion at 10 mg/h and titrate as as requested by the needed. May continue intermittent boluses, if needed (Patients outside of ICU can patient/family have a PCA w/continuous rate) - medication regimen to 3. Equivalent doses of hydromorphone may be supplmented for patients with promote comfort* allergy to morphine Management of Agitation & Secretions* Promote privacy for 1. Lorazepam 1-2 mg IV q15 minutes PRN for comfort patient/family 2. Diphenhydramine 25-50 mg IV q4h PRN. May substitute a scopolamine patch. Accommodate visitation Consider transfer to a private room/hospice *The amounts of medications provided Assist with religious/ Discontinue ALL other medications/treatments that do not promote comfort unless are based on symptoms cultural practices otherwise requested by patient/family of dying and promoting comfort. No maximum dose exists as long as discomfort is being treated. Medications are never provided with the intention to hasten Ongoing reassessment death. Ongoing reassessment of comfort of patient & family Document and treat all signs & symptoms of discomfort as often as needed needs