



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: CARE OF THE DYING ADULT PATIENT AND PROVISION OF/ COMFORT CARE

POLICY NO. 358

CATEGORY: Provision of Care	EFFECTIVE DATE: 11/96
POLICY CONTACT: Hope Cassano, DO	UPDATE/REVISION DATE: 3/21
REVIEWED BY COMMITTEE(S):	

PURPOSE:

To outline a process for providing care and support in a most effective way at the end-of-life by incorporating the expertise of an interdisciplinary team to adequately assess and treat the complex needs of seriously ill patients and their families.



POLICY:

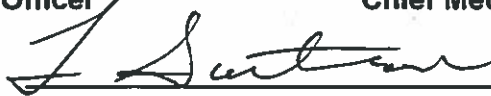
Harbor-UCLA Medical Center shall follow a team-based approach in decision-making when caring for patients with terminal conditions to best serve the patients. This will include an assessment of their illness(es), interventions, and respecting of patient's wishes regarding their views on medical treatments and quality of life preferences at end of life. Referrals to services for palliative care and/or hospice should be considered when appropriate. Counseling for patients, families and/or surrogate decision makers regarding end of life and Comfort Care should be performed. In this policy, the term "Comfort Care" encompasses the support that is offered while a patient is actively transitioning from living to death. For these patients who are imminently dying, a palliative care consult is not necessary to transition a patient to Comfort Care. The goal of Comfort Care is to anticipate, prevent, and relieve suffering as much as possible. In this policy, the term "life-threatening or debilitating illness" is assumed to encompass a broad range of diagnostic categories.

The Comfort Care Order Set will be able to assist primary and specialty care providers in identifying and caring for adult patients (18 years of age and above) with a serious (potentially life-limiting, life-threatening or chronic, progressive) illness. This care is operationalized through effective management of pain and other distressing symptoms, while incorporating emotional, psychosocial, religious and spiritual care with consideration of patient / family needs, preferences, values, beliefs, and culture.

The Comfort Care Order Set shall be initiated as soon as it is ordered, regardless of the originating unit to prevent delay in the delivery of care.

REVISED: 5/02, 8/10, 7/14, 7/17, 3/21
REVIEWED: 5/02, 2/05, 7/14, 7/17, 3/21

APPROVED BY:  
Anish Mahajan, MD **Anish Mahajan, MD**
Chief Executive Officer **Chief Medical Officer**


Joy LaGrone, RN, MSN
Interim Chief Nursing Officer



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The Comfort Care Order Set will supersede all restricted intravenous medication policies, including those that apply to non-monitored beds. Any registered nurse can give the medications listed in the Comfort Care Order regardless of the existing restricted intravenous medication administration as indicated on Policy #325M - Guidelines for Intravenous Medication Administration under Harbor-UCLA Medical Center, Policies and Procedures.

The ordering provider must communicate the plan of care with the primary nurse/unit through a communication huddle, including if there is an intention of prolonging life (e.g. sequence and timing of withdrawal of pressors, mechanical ventilation, and other interventions).

PROCEDURE:

The following procedures must take place prior to initiating a Comfort Care Order Set:

- a. Identify the patient who may benefit from Comfort Care;
- b. Provide ongoing and updated medical information regarding their diagnosis, treatment options and prognosis;
- c. Provide consistent and supportive communication aimed at providing information and promoting trust;
- d. Provide emotional support to the patient and the family.
- e. Physician of record must identify the patient and initiate the Comfort Care Order Set. Physician of record should complete a systematic review of patient's Comfort Care needs and document patient's goals of care.
- f. Ensure "Do Not Resuscitate/Do Not Intubate" order is present in the chart prior to initiating the Comfort Care Orders.
- g. Continue ongoing dialogue about patient wishes or preferences stated in advance directives/Physician Orders for Life-sustaining Treatment (POLST) form, if available, as appropriate to the situation.
- h. Involve an interdisciplinary team in the care of the patient ie. physicians, nursing, social work, chaplains, pharmacists, dieticians, and volunteers.
- i. Discontinue all existing orders prior to initiating the Comfort Care orders. If a patient is on a continuous infusion not specified in the Comfort Care Order Set, this medication must be reordered at a fixed rate with "Comfort Care - No Titration" in the order comments.
- j. In the event the patient will undergo withdrawal from mechanical ventilation, all neuromuscular blocking (paralytic) medications are to be discontinued. Do not proceed with the withdrawal process until sufficient time has elapsed for the effect of these medications to wear off so the team can appreciate signs of distress prior to ventilator withdrawal.
- k. Once the patient is identified for Comfort Care, the nursing staff and Bed Control will try their best to locate a Comfort Care bed for the patient.