

## SUPPORTIVE CARE

- PURPOSE:** To outline the nursing management of seriously ill patients in adult acute care. This Standard may be implemented for patients who have potentially life-limiting, life-threatening, or chronic progressive illnesses.
- SUPPORTIVE DATA:** Supportive care is care that focuses on relieving symptoms caused by serious illnesses. Serious illness can affect a patient's physical, emotional, and spiritual well-being. Supportive care can be provided at any point during an illness to help the patient feel more comfortable.
- There are evidence-based independent nursing interventions that can provide comfort for patients and families experiencing serious illness.
- ASSESSMENT:**
1. Assess the following a minimum of every shift:
    - Mental status (including Affect/behavior) for symptoms such as agitation, restlessness, crying, withdrawal)
    - Respirations for presence of symptoms such as shortness of breath and labored breathing
    - Appetite/thirst
    - Discomfort/pain
    - Bowel function
    - Skin breakdown
- MANAGEMENT:**
2. Provide active listening to patient and family.
  3. Support patient in the use of breathing techniques as needed.
  4. Offer music and/or guided imagery (calming channel on TV).
  5. Support patient in the use of meditation.
  6. Provide mouth care with ice cold oral swabs and apply lip moisturizer for dry mouth/lips or thirst.
  7. Offer/suggest a hand-held fan to patient/family for discomfort related to dyspnea.
  8. Position for comfort based upon patient preference.
  9. Alter standard turning schedule when imminent death is established (e.g. minimize turning if it causes discomfort).
  10. Cluster night time nursing activities to promote uninterrupted periods of sleep.
- COLLABORATION:**
11. Collaborate as indicated with:
    - Chaplain regarding spiritual support
    - Dietitian regarding food preference and nutrition support
    - Skin care resource nurse regarding support surfaces for comfort
    - Social worker regarding:
      - Individual and/or family distress
      - Grief and/or bereavement support
      - Subjective depression and anxiety
    - Palliative Care nurse regarding need for advance care planning
    - Physician regarding need for Palliative Care consultation and/or Comfort Care Orders
    - Pain Resource Nurse
- PATIENT/CAREGIVER EDUCATION:**
12. Instruct Patient/Family on the following:
    - Purpose of interventions
    - Importance of reporting the effects of interventions
    - Importance of reporting worsening symptoms and/or distress

ADDITIONAL  
STANDARDS:

- Anticipatory guidance around expected changes such as in breathing, level of consciousness, decrease urine output, decreased oral intake, or autonomic changes
13. Refer to the following as indicated:
- Pain Management

DOCUMENTATION:

14. Document in accordance with documentation standards.
15. Document the following in Systems Assessment Navigator Band and in Comfort Measures section of Quick View Navigator Band
- Assessment findings and interventions applied
  - Patient/family response to interventions

Initial date approved: 6/6/18	Reviewed and approved by: Professional Practice Committee Nurse Executive Committee Attending Staff Association Executive Committee	Revision Date: 10/22
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## COMMON SIGNS AND SYMPTOMS OF IMMINENT DEATH

Assessment finding	Suggested interventions
Anxiety/Agitation	Talk to patient Collaborate with physician regarding sedation needs to avoid restraint at end of life
Increasingly anorexic	Avoid force feeding the patient Reinforce to family that nutritional needs diminish due to decreased level of activity
Confusion	Orient to the environment
Delirium	Collaborate with physician regarding need for sedation
Dysphagia	Collaborate with physician regarding medication route and need for oral intake
Dyspnea	Position upright; prop with pillows Use hand-held fan  Titrate oxygen, if indicated, to comfort, not O2 sat
Pain	Offer music and/or guided imagery Pain Management Protocol Medicate as indicated
Perceptual variance /hallucinations (seeing and talking to people who have died)	Explain to family that this is common and expected. Assess for agitation and presence of fear Ensure safety
Respiratory secretions (gurgling/rattling sound)	Position patient with head of the bed up and side-lying Suctioning is rarely needed Gentle suctioning of the mouth, throat and nasopharynx may be appropriate Collaborate with physician regarding medication for secretion management

Resources:

Decedent Affairs: (323) 409-7161

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