Care of Imminently Dying Patient
“Comfort Care”

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Objectives

• Explain physiologic changes that occur in the last hours/days of life
• Develop a treatment plan for the last hours/days of life
• Effectively communicate with the loved ones of dying patients
My Perspective

• Time of intensive “caring”
A Dying Patient

- in bed
  - Flat, HOB elevated, sitting upright
- sleepy, unarousable, alert
- nonverbal, mumbling, moaning, verbally communicative
- breathing pattern “normal”, shallow, rapid, slow, apneic, Cheynne-stoking
- unable to swallow, swallowing bits of food or liquids or pills
- tachycardic, bradycardic
- hypotensive, hypertensive
- in pain, no pain

- Most Americans die in hospitals
• We all live differently
• We all die differently

• No one quite takes the same journey
The “Usual Journey”
Appetite
Oral food/fluid intake

• Decrease/inability NORMAL
• Associated with many fears, misconceptions
  – ?starve to death

• Reaffirm natural
• Parenteral fluids may be harmful

• Care Plan:
  – Mouth care
  – Oral swabs, lubricants
Loss of Ability to Swallow

• Swallowing is complex
  – Sick, weak lose ability

  – Care Plan:
    • Limit PO intake to avoid aspiration
      – Small sips of liquid if able
      – Tiny ice chips
      – Mouth care
Loss of Ability to Swallow

• Saliva/secretion pooling – “Death Rattle”
  – Bothers observers more than patients?

– Care Plan
  • Re-positioning
  • Anticholinergics
    – Scopolamine patch 1.5mg behind ear q 72 hours
    – Glycopyrrolate 0.2mg IV q 8 hours
  • Avoid suctioning
Changes in Respiration

- Tachypnea
- Apnea
- Cheyne-Stokes respiration
- Accessory muscle use

- All or none or some of the above
Changes in Respiration

- **Oxygen**
  - May or may not relieve dyspnea
  - May prolong dying process
- **Discontinue Pulse Ox Checks**
  - Titrate O2 to patient’s comfort
- **For signs of air hunger**
  - Opiates
    - Morphine commonly used
  - Repositioning
Changes in Respiration

• Educate loved ones

• Last reflex breaths
  – “Fish out of water breathing”
Increasing Weakness, Fatigue

• Decreased ability to move
• Joint position fatigue

• Care plan
  – Reposition as tolerated

• What about decubitus ulcers?
Communication Issues

• Awareness > ability to respond
  • Too weak to talk
• Assume patient hears everything!
Communication

• “Near Death Awareness”
  – Dying patients see and speak to deceased relatives, friends
  – Prepare for travel
Nonverbal Communication

• Touch, hand-holding

• “If they didn’t like touchy-feely and huggies before, they’re probably not gonna’ like it now”
  T. Kristopaitis
Decreasing Perfusion

- Tachycardia, hypotension
- Peripheral cooling cyanosis
- Skin mottling
- Diminished urine output

- Parenteral fluids will NOT reverse
Comfort Care

• Medications
  – Limit to essential medications
    • Comfort
    • Does not mean “stop everything”

– Use clinical judgment for each individual patient and each of their medications
Neurologic Dysfunction

2 roads to death

Normal

THE USUAL ROAD

THE DIFFICULT ROAD

Restless

Confused

Tremulous

Hallucinations

Mumbling Delirium

Myoclonic Jerks

Seizures

Semicomatose

Comatose

Dead

Antipsychotics

Benzodiazepenes
Comfort Care

• Pain
  – Continue to treat if pain was an issue
    – Dose, route adjustments

• Grimacing, groaning, moans
  – May or may not indicate pain
  – May err on the side of treating for pain
Care for the Actively Dying

• If hospitalized, stop unnecessary procedures, monitoring
  – d/c telemetry
  – d/c pulse ox checks
  – d/c accuchecks
  – d/c TEDs and SCD’s

  – Vitals daily and PRN (i.e. fever)

  – ?Dobhoff tubes
  – ?Nasogastric tubes

  – Keep bladder catheter
Keeping Vigil

• Individual decision
  – Loved ones have to go to bathroom, eat, sleep, (smoke), work, take care of others
    • Sometimes they need permission to do so

• Dying can be a private event

• The precise hour of death CANNOT be predicted
And the world will never be the same

They lived and laughed and loved and left.

-James Joyce
Assessment

• EOL Clinical Skills Exam
  – April 17, 18

• TCM3 Exam
  – Wed June 14
    • EOL
    • Nutrition
    • Prevention/Screening
    • Quality/Patient Safety
    • Radiology