

A Guide to Comfort Care for Staff

What is comfort care?

Comfort care is an active approach to care that emphasizes quality of life through symptom management rather than curing the underlying disease. The goal of comfort care is to prevent or manage uncomfortable symptoms and experiences such as pain, nausea, loneliness and anxiety.

How do we know the resident is comfortable?

The best way to find out is to ask the resident regularly. Ask about a variety of physical discomforts such as pain, soreness, weakness, nausea, excessive sleepiness or itching. Also ask about psychological discomforts, such as sadness or grief. Many residents receiving comfort care are unable to report their physical and psychosocial problems. For these residents, we need to observe carefully for signs of discomfort or distress. For example, physical pain may be expressed through facial grimacing or frowning, increased agitation or restlessness, or change in usual behavior. Be aware that distress can be caused by physical symptoms, emotional discomfort or spiritual suffering.

Comfort care is a team effort

The comfort care team consists of staff, family members and the resident. This collaborative approach is key to ensuring that the resident is comfortable. Healthcare providers should ask the resident about comfort or observe signs of discomfort. Family members can also observe comfort levels and report any concerns to health care practitioners, even though healthcare providers are doing the same. Each team member plays a unique role, but ensuring the overall comfort level requires everyone to help. Below are some specific roles for healthcare providers.

What can nurses do to promote comfort?

- Assess pain and other symptoms
- Prevent or manage pain and other symptoms
- Use artificial tears or eye lubricant to avoid dryness and itching
- Keep the family informed about any changes in the resident's condition
- Communicate with primary care providers about the resident's condition and symptoms
- Teach families about what to expect. For example, decreased appetite and intake is normal in advanced illness. So is decreased activity and movement and social interaction
- Be aware of what causes stress in family and caregivers - recognize it and try to use strategies that focus on the concerns rather than emotions
- Be prepared to discuss spiritual matters if residents would like to. Do not impose your own views. If you share religious beliefs, praying together may be appropriate. For some residents, it is better to talk about what is important to them and what gives their life meaning, rather than directly about spirituality or religion
- Empower the family to provide care. Reassure family caregivers they have much of the capacity needed. Give information and skills

What can physicians, nurse practitioners and other care providers do to promote comfort?

- Review and stop medications that are no longer useful and may be causing uncomfortable side effects
- Limit vital signs to respirations (breathing) and temperature (this practice may vary)
- Limit uncomfortable tests and procedures
- Try to avoid unnecessary hospitalizations and ER visits unless the resident prefers to go to the hospital or it is necessary for their comfort
- Talk with families and residents about alternatives to emergency room visits and hospitalizations to treat health problems such as infections
- Loosen dietary restrictions and focus on having the resident eat for pleasure and taste

What can nursing assistants do to promote comfort?

Nursing assistants play a critical role in promoting comfort. They use their skills and knowledge of the resident to:

- Move and position the resident to minimize pain
- Observe carefully for pain and other symptoms and promptly report any indication of discomfort
- Observe for side effects of medicine that are used to keep the person comfortable. For example, some pain medicines cause constipation which itself causes discomfort
- Keep the person's skin clean and hydrated
- Role model for family how to interact with the resident. Touch and position the resident gently. Speak softly to the resident even if they cannot respond
- Moisten the person's mouth and apply lip balm as needed
- Offer as quiet and private an environment as possible for residents and families
- Residents and families experience loss and grief throughout the illness as well as the end of life. Give families and residents a chance to grieve. Don't judge people by how they grieve. Some will cry and others won't. Some will wail and others will be silent. These are all normal grief behaviors

Do's and Don'ts of Comfort Care for the Healthcare Team

DO:

- Observe for signs (e.g., restlessness, facial grimacing, frowning) that may indicate discomfort
- Make sure the resident's position while lying or sitting is changed every 1-2 hours to avoid prolonged pressure on body parts that can cause skin problems
- Actively seek information about the resident's daily preferences. Ask the resident, family, friends and professional caregivers who know the resident well. Find out information such as the resident's preferred foods, foods s/he doesn't like, favorite kinds of music, enjoyable activities, and favorite clothes
- Keep the family informed about changes in the resident's condition. Ask them to share with the team any changes that they identify
- Perform routines that maximize quality of life and comfort (e.g., careful mouth care, gentle massage)
- Anticipate care needs
- Maintain and strengthen your relationship with residents by continuing to learn about their life history
- Use standardized forms to assess for behaviors and vocalizations that may indicate pain and other distressing symptoms (e.g., PAINAD)
- Incorporate nondrug strategies to manage symptoms
- Engage the interdisciplinary team in taking care of the resident, including activities and therapy staff
- Use the five senses to engage residents. For example, 1) Use scents such as flowers or spices and smells of their favorite foods to call to mind pleasant memories and sensations, 2) Give gentle massage, 3) Take the resident outside to hear the birds, see the trees, and feel the wind, 4) Provide snacks and foods that the resident enjoys

DON'T:

- Order unnecessary medical tests and other procedures. Ask, "Will the results of these tests change our approach to care?"
- Perform routines that are not necessary (e.g., taking weights)
- Continue medications that offer few or no benefits (e.g., acetylcholinesterase inhibitors)
- Focus on the tasks you need to perform; rather, let the resident establish your pace

With comfort care, there is never

"nothing more we can do."

**We can always promote
comfort and quality of life for
residents and their families.**

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