The Norman Knight Nursing Center
for Clinical & Professional Development

PCAs Quick Reference: End of Life Care: Comfort Measures Only CMO)

What is CMO?

Once the patient, family and medical team decide that the focus of care will no longer be treatment/curative and the focus of care shifts to keeping the patient as comfortable and pain free as possible.
All medications and labs that do not promote comfort are stopped as well as x-rays and other tests.
Vital signs that are not necessary for symptom assessment should be stopped. ADL's should be performed with patient/family comfort in mind. It is important to let patient/family know that despite the shift in our focus of care, **we will be very involved with their loved ones.**

What do you need to know?

Signs of the dying patient

Withdrawal - interacting less, loss of interest, no longer reacting to voice or touch; **Coolness** - hands, arms, feet and legs increasingly cool to touch, skin may change color and become bluish or marked with spots or streaks of color (due to blood shifting); **Incontinence**; **Restlessness** - some people make repetitive motions such as pulling at the bed linens or their clothing; **Noisy breathing** - some people develop gurgling sounds from the chest. The sounds may be loud and unsettling but does not mean the person is in pain or suffering; **Loss of appetite and thirst** - many people want little or no food/fluid. Our bodies naturally conserve energy. Important to keep mouth and lips moist for comfort;**Change in breathing** - some people take shallow breaths with periods of no breathing for a few seconds to a minute. They may have periods of rapid, shallow panting; **fever**

Non-Medication Management-

Restlessness/Anxiety - Massage, relaxation techniques (i.e. breathing techniques, meditation, guided imagery), music, gentle bath, repositioning, holding hand, pet therapy, Reiki, adjust room lighting (i.e. shades up/down, overhead vs back wall light), prayer/spirituality

Pain - warm/cool packs, repositioning

Loss of appetite and thirst - small frequent meals/sips, good oral care, smelling alcohol wipes for nausea

Dyspnea - Fan, limit people/conversation, natural light, elevate head of bed/reposition

Odors - coffee grinds under bed, peppermint oil on warm wash cloth

Medication management by the RN- includes medication for pain management and anxiety

What to say to the patient and family

Many people express fear that they will "say the wrong thing" to a patient or family member. Be honest, it is okay to say "I don't know". Remember it is okay to not have all the answers. Be genuine in your interactions. Read the situation. It is okay to cry/show emotion. The patient and family may have customs that you are unfamiliar with it is okay to ask about their customs. Ask about the patient and families likes/dislikes, spirituality, music, etc. Offer support to the family (drinks, tissues, etc.).Ask for help if YOU need it .

Post Mortem Care

Done to prepare the patient for viewing by the family - every effort should be made to allow the family to view the body in the patient room. Family can assist with bathing if they wish. Ensure proper identification of the patient prior to transport to the morgue or funeral home. MGH has a specific policy and procedure for post mortem care. You should not complete post mortem care alone and always use the ceiling lift to transfer a patient from the bed to a gurney. ***Never, ever*** slide patients from the bed to our new gurneys as this could result in injury for both you and the patient. When transporting a patient down to the morgue leave the patient on the gurney. You are NOT responsible or expected to transfer the patient from the gurney to the new rack system despite all the signage on the walls that may make you think differently J (you may need to re-arrange gurneys so that they can fit though).If you have questions for the morgue attendant and no one is in the room, please page 21951 for assistance.

Many thanks to Lisa Bouvier, RN and Michelle Monteiro, RN