ENSURING COMFORT AT END OF LIFE FOR THE NON-INTUBATED PATIENT

Objectives:

- Understand how to assess and document respiratory distress using the Respiratory Distress Observation Scale (RDOS) in a patient that cannot self report
- Understand how to appropriately treat respiratory distress
- Documenting and treating anxiety, agitation and restlessness
- Treating other symptoms that might need to be managed

Patients Requiring Comfort Care

- Patients at any stage of their hospitalization may require comfort care
  - ED
  - ICU
  - Inpatient

This education will guide the clinicians in all areas how to safely and effectively treat patients at end of life that are not intubated, refuse intubation or if resources are limited

Assessing Respiratory Distress

- Respiratory distress or dyspnea is a common symptom in someone nearing the end of life
- If a patient can say “I can’t breathe” or “I am so short of breath,” there is no question that the patient is in respiratory distress.
- For patients who cannot self report, there is a respiratory distress observation scale that a registered nurse (RN) can use to objectively assess respiratory distress or dyspnea
- The Respiratory Distress Observation Scale (RDOS) objectively scores respiratory distress allowing for appropriate treatment

Respiratory Distress Observation Scale (RDOS)

Variable	0 points	1 point	2 points	Total
Heart rate per minute	**<90 beats**	**90-109 beats**	**≥110 beats**	
Respiratory rate per minute	**≤18 breaths**	**19-30 breaths**	**>30 breaths**	
Restlessness: non-purposeful movements	**None**	**Occasional, slight movements**	**Frequent movements**	
Accessory muscle use: rise in clavicle during inspiration	**None**	**Slight rise**	**Pronounced rise**	
Paradoxical breathing pattern	**None**		**Present**	
Grunting at end-expiration: guttural sound	**None**		**Present**	
Nasal flaring: involuntary movement of nares	**None**		**Present**	
Look of fear	**None**		**Eyes wide open, facial muscles tense, brow furrowed, mouth open**	

- The RDOS is a validated and reliable tool for most patients who cannot self report respiratory distress
- Each variable is scored based on assessment.
  - Heart Rate
  - Respiratory Rate
  - Restlessness
  - Accessory Muscle Use
  - Paradoxical Breathing Pattern
  - Grunting at End Expiration
  - Nasal Flaring
  - Look of Fear
- The numbers are added up to give you a total score
  - If the RDOS Total score is > 3 the patient is in respiratory distress
  - If RDOS Total score is ≤ 3 the patient is considered comfortable

Respiratory Distress Observation Scale (RDOS)

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- Heart Rate
- Respiratory Rate
- Restlessness
- Accessory Muscle Use

Based on assessment, assign a 0, 1 or 2 for these parameters

It may be necessary to count heart rate and respiratory rate for a full minute

It may be necessary to use a stethoscope to assess apical heart rate

Respiratory Distress Observation Scale (RDOS)

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- Paradoxical Breathing Pattern
- Grunting at End Expiration
- Nasal Flaring
- Look of Fear

For these assessment parameters, patients either exhibit the symptoms or they don't

Symptoms present = 2 points

Symptoms absent = 0 points

Important to Remember!!!!

- If the RDOS **Total** Score is > 3 the patient is in respiratory distress
- If the RDOS **Total** Score is ≤ 3 the patient is considered comfortable

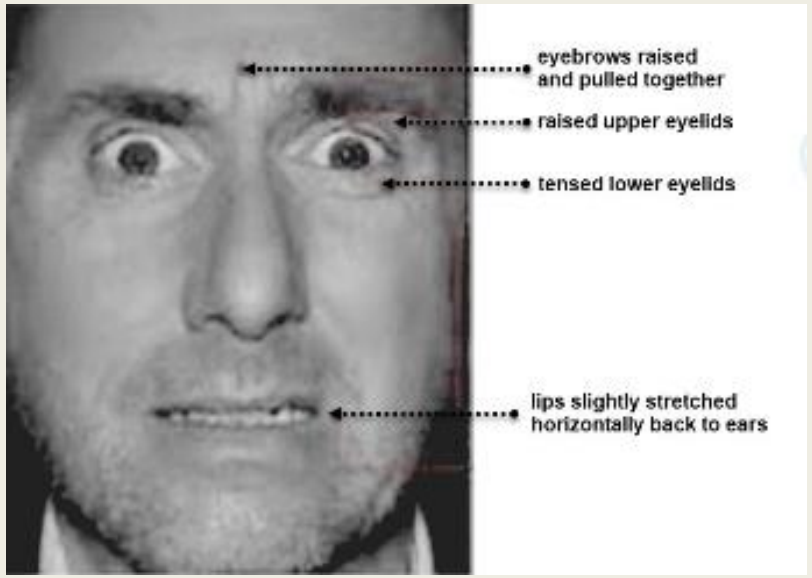
What is Paradoxical Breathing

- The RDOS measures autonomic nervous system responses to hypoxia and hypercarbia
- Paradoxical breathing is one such response
- When a patient has paradoxical breathing, the diaphragm works opposite how it normally does

Normal Breathing	Paradoxical Breathing
Inhale/diaphragm moves down	Inhale/diaphragm moves up
Exhale/diaphragm moves up	Exhale/diaphragm moves down
Abdomen doesn't move much in normal breathing	Abdomen moves a lot Breathing appears see-saw like

Assessing Look of Fear

- The look of fear is consistent among all cultures and languages
- Look of fear is universal
- Look of fear is the brain's response to hypoxia and is controlled by the amygdala
- Amygdala is responsible for human emotional responses



Which Pictures Show the Look of Fear?

Not only is the look of fear a universal expression, it is also universally identified

Every culture will be able to identify the look of fear

Every nurse knows fear when it is exhibited by their patients

Respiratory Distress Observation Scale (RDOS)

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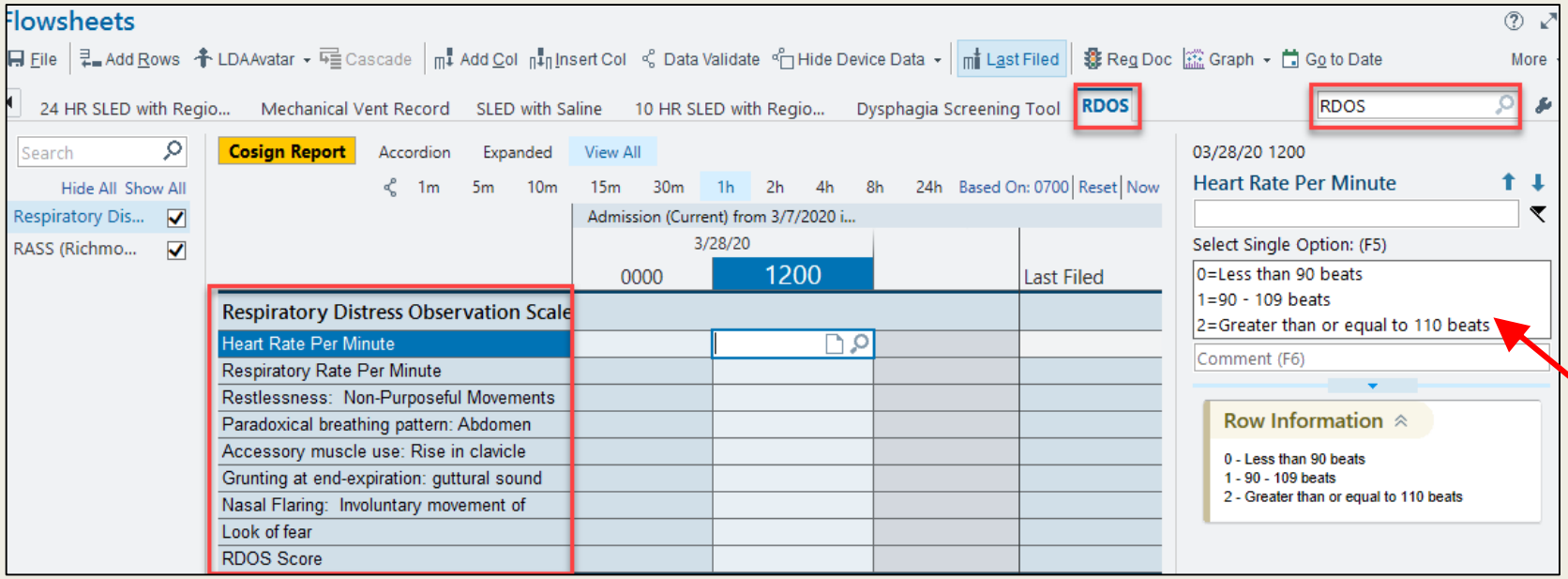
Look of fear	**None**		**Eyes wide open, facial muscles tense, brow furrowed, mouth open**	

Don't' forget!!!!

- If the RDOS is > 3 the patient is in respiratory distress
  - Patients should receive medication for an RDOS > 3
- If the RDOS is ≤ 3 the patient is considered comfortable
  - Patients with score of 3 or less do not need medication for respiratory distress

Documenting RDOS



- Documentation of RDOS can be found by searching **“RDOS”** in the upper right hand corner within the flowsheets activity
- Each parameter has a description in the right side bar

RDOS Practice

Patient parameters:

- Heart rate 120
- Resp rate 28
- No restlessness
- Slight rise in clavicles
- No paradoxical pattern
- No grunting at end expiration
- Nasal flaring present
- No look of fear

RDOS Practice

Variable	0 points	1 point	2 points	Total
Heart rate per minute	**<90 beats**	**90-109 beats**	**≥110 beats**	2
Respiratory rate per minute	**≤18 breaths**	**19-30 breaths**	**>30 breaths**	1
Restlessness: non-purposeful movements	**None**	**Occasional, slight movements**	**Frequent movements**	0
Accessory muscle use: rise in clavicle during inspiration	**None**	**Slight rise**	**Pronounced rise**	1
Paradoxical breathing pattern	**None**		**Present**	0
Grunting at end-expiration: guttural sound	**None**		**Present**	0
Nasal flaring: involuntary movement of nares	**None**		**Present**	2
Look of fear	**None**		**Eyes wide open, facial muscles tense, brow furrowed, mouth open**	0

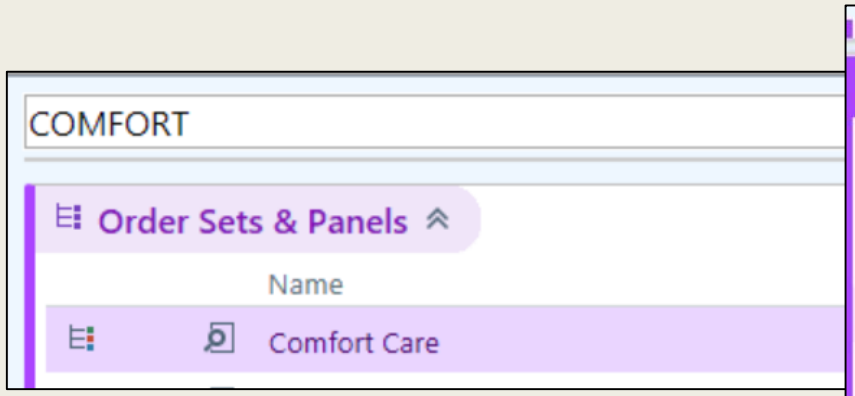
Total = 6

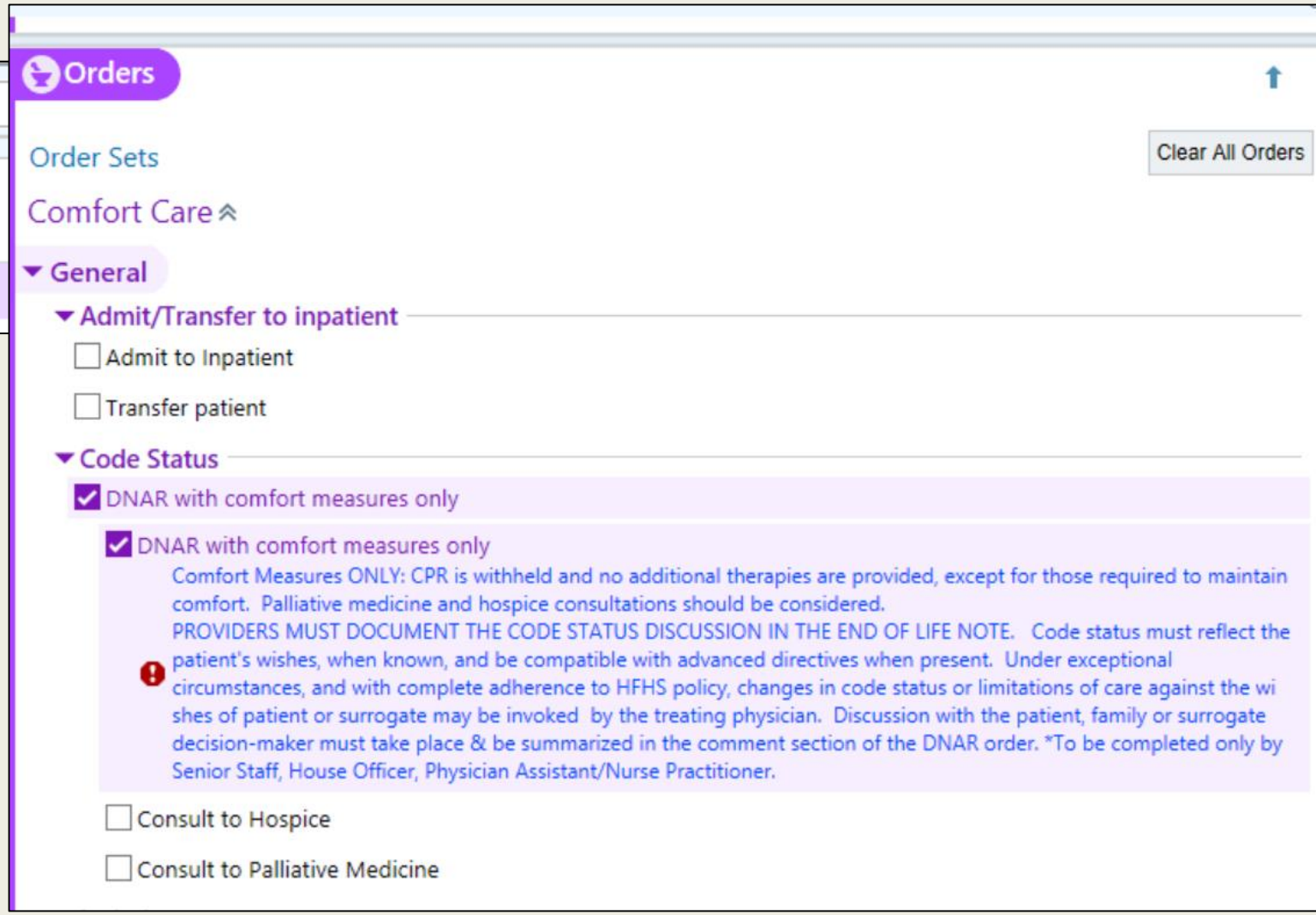
Treating Respiratory Distress (RDOS > 3)

- In the last phase of life when a patient is nearing death, respiratory distress is a common symptom
- Morphine is the drug of choice to treat respiratory distress
- To control a patients respiratory distress, patients may require much more morphine than nurses are used to giving
- Using the objective scale will ensure the patient is medicated appropriately to relieve respiratory distress while not overmedicating

- The overall goal is to treat respiratory distress using a measurable scale to ensure patient comfort and prevent suffering

Comfort Care Order Set





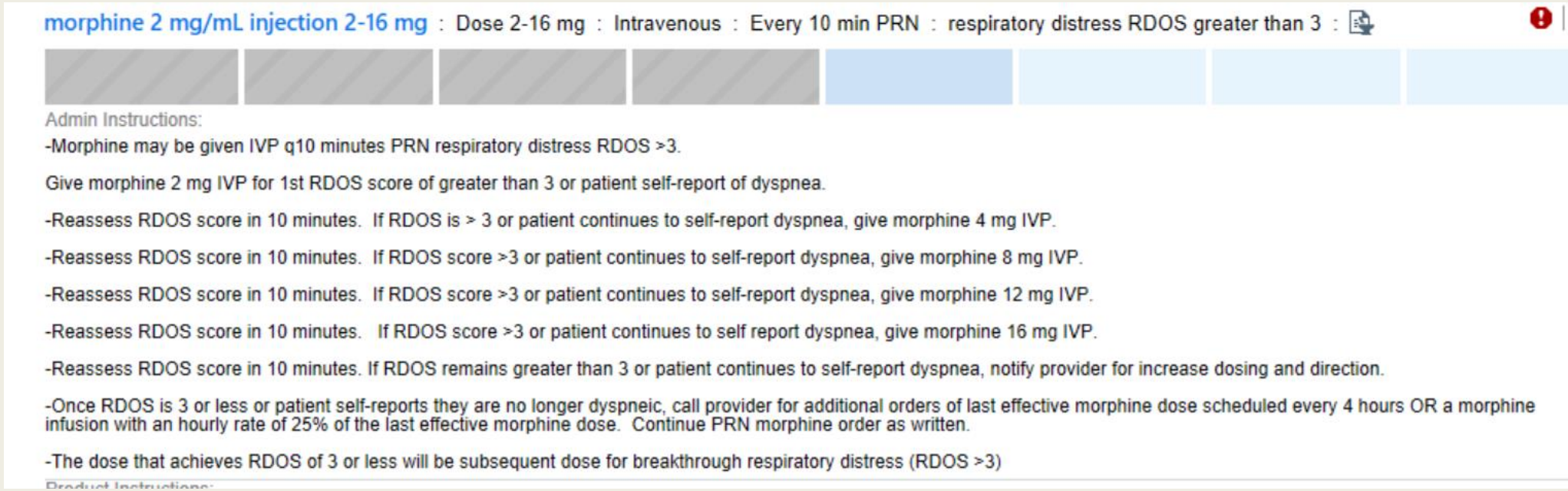
The Comfort Care Order Set includes all items necessary for a patient where the goal of care is comfort, most likely at the end of life.

All medications are included for various symptom management

Giving Morphine for Respiratory Distress

- Based on the Comfort Care Order Set, the RN will assess the RDOS once the Comfort Care Order Set is entered into the Electronic Health Record as well as every 4 hours
- The RN will give medications when the RDOS is > 3 based on MAR instructions

- Initially if the RDOS is > 3 give:
  - Morphine 2 mg IV
  - Assess the RDOS in 10 minutes



In 10 minutes…Assess the RDOS

RDOS ≤ 3

- If the RDOS is ≤ 3, the patient is comfortable, not in significant respiratory distress.
- This is a good time to try and wean the oxygen down.
- Continue to asses the RDOS approximately every 4 hours
- Notify provider for scheduled morphing every 4 hours around the clock, based on dosages given during the initial respiratory distress occurrence

RDOS > 3

- Give morphine 4 mg IV
- Assess RDOS in 10 minutes

Assessing and Treating the RDOS

RDOS ≤ 3

- If the RDOS is ≤ 3, the patient is comfortable, not in significant respiratory distress.
- Continue to check the RDOS approximately every 4 hours
- This is a good time to try and wean the oxygen down.
- Notify provider for scheduled morphing every 4 hours around the clock, based on dosages given during the initial respiratory distress occurrence

- **Whenever the RDOS becomes ≤ 3, 4 hour assessments can be resumed**
- **This is a great time to wean oxygen down**
- **Oxygen may be discontinued if patients have an RDOS ≤ 3**
- **Once oxygen is discontinued respiratory distress is treated with medication only. Oxygen shouldn't be placed back on patient**

RDOS > 3

- If the RDOS continues to be > 3, increase the dose to morphine 8 mg IV
- Reassess RDOS in 10 minutes
- If RDOS is ≤ 3 assess RDOS in approximately 4 hours

- If the RDOS continues to be > 3, increase the dose of morphine to 12 mg IV
- Reassess RDOS in 10 minutes
- If RDOS is ≤ 3 continue to assess RDOS approximately 4 hours

- If RDOS continues to be > 3, increase the dose of morphine to 16 mg IV
- Assess RDOS in 10 minutes
  - If the RDOS > 3, notify the provider for further dosing adjustments

Once RDOS is ≤ 3

- The patient is considered to be comfortable
- Notify provider for every 4 hour morphine, scheduled around the clock.
  - This dose can be as little as 2 mg IV every 4 hours
  - It may be very high in the opioid tolerant patient
  - If the schedule dose does not seem to be alleviating respiratory distress, notify provider for increased dosing or frequency
- When the RDOS is ≤ 3, begin to titrate oxygen down.
  - The goal is to titrate oxygen down and remove
  - Once oxygen is off, throw away the tubing
  - Treat further respiratory distress with medications
- If the RDOS is ever > 3, medicate with the last effective dose that achieved an RDOS of ≤ 3 and escalate from there.
  - Patients may have breakthrough respiratory distress

Ongoing Assessment and Treatments of Respiratory Distress

Example

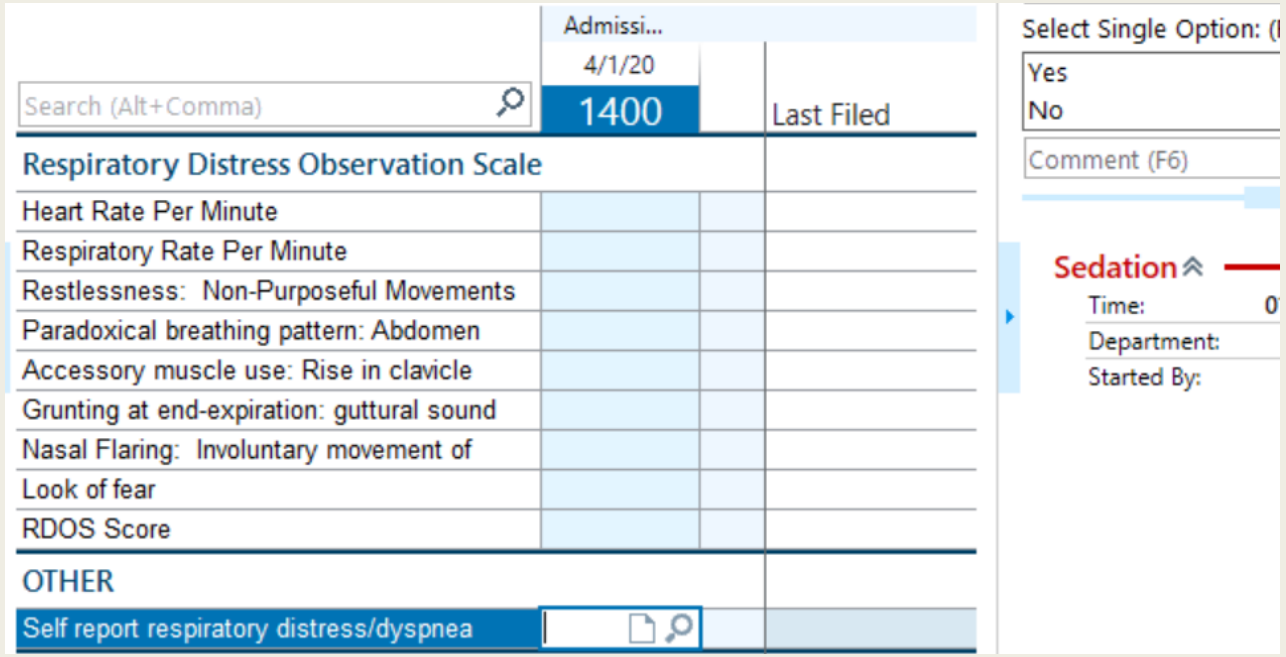
- If a patient's respiratory distress was controlled with morphine 4 mg of morphine and more than 10 minutes have passed, but they are now exhibiting an RDOS of > 3, or verbalize difficulty breathing…What do you Give?
- The last dose that achieved an RDOS of ≤ 3 is the subsequent dose
- Give Morphine 4 mg and escalate as needed

Example

- If a patient's respiratory distress was controlled with morphine 12 mg and more than 10 minutes have passed but they are now exhibiting an RDOS of > 3, or say they are having difficulty breathing…What do you Give?
- The last dose that achieved an RDOS of ≤ 3 is the subsequent dose
- Give morphine 12 mg and escalate as needed

Patients That Can Self Report Respiratory Distress

- Some patients will be able to self report respiratory distress
- For these patients begin treatment the same way:
  - Morphine 2 mg IV with
- Ask the patient about breathing comfort in 10 minutes and escalate dosage the same way with morphine:
  - 4mg→8mg →12mg →16mg →notify provider
- If at any point the patient says they are comfortable, continue breathing comfort assessment approximately every 4 hours



Anxiety, Agitation, and Restlessness

- Patients at the end of life may have anxiety, agitation and restlessness
- If a patient is exhibiting any of those behaviors or can verbalize them, ask first about respiratory distress or assess an RDOS
- Sometimes anxiety, agitation and restlessness are due to respiratory distress
  - If patient is in respiratory distress, treat using morphine based on the MAR instructions
  - If the patient is not in respiratory distress, treat with the appropriate medication to treat anxiety, agitation and restlessness that is on the MAR.

Patient Responsiveness

- Some patients may fluctuate between being able to verbalize respiratory distress and being non-verbal or unresponsive
  - For these patients, you can also change assessment tools
  - If a patient ever becomes non-verbal or unresponsive, use RDOS to assess level of respiratory distress and treat appropriately

Making this Happen in an Isolation Room

- If you have a patient that appears to be having respiratory distress, get a buddy RN to help get meds from the Pyxis until the patient's RDOS is ≤ 3
- Attached to the policy is a worksheet that you can take into the room if an isolation WOW is not available, or to the patients stretcher
- This will allow you to score the patient and treat appropriately

Other Symptom Management Go to the MAR

- Acetaminophen can be given for fever
- Morphine can be given for pain in addition to respiratory distress
  - If the morphine does not control pain, notify provider for increase dosing or frequency
- Glycopyrolate can be given for terminal congestion
- Zofran can be given for nausea
- Senna can be given for constipation
- To treat dry mouth, oral care is ordered every 4 hours

The MAR will guide treatment of other end of life symptoms

For Patients and Families

- Provide emotional support
- Offer spiritual support and place an order for spiritual care if needed
- Provide HFHS hospice education material to families for end-of-life symptom management, bereavement resources, and triage number for phone advice