



Best practices for
End of life care
And
Comfort care
Orders sets for our
Nation's veterans

Identifying the Actively Dying Patient

When patients are admitted to the hospital and at regular intervals thereafter, it is important to screen for those who are at highest risk for end-of-life symptoms and who may be *actively dying*.

Indicators of Patients at High Risk of Entering the Actively Dying Process

1. Pre-existing DNR order
2. LOS in hospital > 7 days
3. Bed Confinement
4. Semi-comatose state
5. Minimal oral intake (receiving IV fluids or tube feeding)
6. Inability or difficulty with taking oral medicine
7. Decline in functional status with no reversible cause
8. Receiving optimum disease modifying therapy (e.g. patient with COPD declining despite aggressive treatment)
9. Failure to improve by 2-3 days post admission
10. Frequent Emergency Room visits or hospitalizations over the last 6 months
11. Primary diagnosis of cancer or dementia

If one or more of the indicators is present:

- 1. Review patient status for symptom burden**
- 2. Discuss illness severity with patient and/or family**
- 3. Determine goals of care**
- 4. Document advance directives**

Actively Dying Patient Screen

- 1. Audible retained respiratory secretions**
 - 2. Increased RR (>18-20/minute)**
 - 3. Sustained tachycardia at rest (>100 per minute)**
 - 4. Mottling and cyanosis of extremities**
 - 5. Decreasing level of consciousness**
 - 6. Decreasing pulses**
- The Comfort Care Order Set is used to guide management of symptoms and support for patient and family.**
 - Symptom burden is often very high and not appreciated.**
 - Communication with patient and family regarding care preferences should be proactive.**
 - Patient and family will need support from an interdisciplinary team due to multiple domains of suffering.**