I. SCOPE / PURPOSE:


II. POLICY:

Physicians will identify appropriate patients by signing Code Comfort orders after detailed assessment of goals of care. Code Comfort is appropriate for patients with a DNR order who desire comfort measures. Physicians will always be notified if medications from the Code Comfort order set are utilized, AFTER the medications are given and symptoms are resolved.

Nursing, utilizing existing hourly rounding policies, will conduct focused symptom assessments for pain, dyspnea, anxiety and agitation. Medications will be given as ordered, with emphasis on the following priority:

1. Standing medications
2. PRN medications
3. Code Comfort medications

Palliative Care, hospice, case management and chaplaincy consults (if ordered) will be implemented when the physician signs the Code Comfort order set.

Respiratory therapy interventions (if ordered) will be implemented when the physician signs the Code Comfort order set. Code Comfort team alert will be activated, at nursing discretion, for support of patients experiencing severe symptom crisis or those not responding to interventions. Code Comfort teams will be designated by individual Novant Health facilities and will include multiple responders to support the patient, family and bedside nurse during a symptom crisis.

III. QUALIFIED PERSONNEL:

I. Code Comfort Team Qualified Personnel

Team composition will differ among the NH acute care hospitals based on routine staffing of each facility. The following team members are suggested:

A. Team RNs
B. Critical Care RN
C. Nursing Supervisor
IV. **EQUIPMENT:**
None special

V. **PROCEDURE:**

A. Appropriate patients will be identified by a physician signed Code Comfort order set. All other patients with DNR orders experiencing symptom crisis will be responded to utilizing Rapid Response policies.

B. Consults (Palliative Care, hospice, chaplain, case management) created from the Code Comfort order set will be implemented at time of order set completion.

C. Respiratory Therapy interventions indicated on order set will also be implemented at time of order set completion and are not intended to be withheld until symptom crisis.

D. Hourly rounds shall be done per unit protocol. For Code Comfort identified patients, special attention shall be paid to symptom behaviors that put patients at risk for sudden crisis:

1. **Pain:** utilize subjective pain scale and nonverbal pain scales that score 1-10
2. **Agitation:** Utilize Code comfort agitation scale
3. **Anxiety:** Rate mild, moderate, severe via subjective rating or observational
4. **Dyspnea:** rate mild, moderate, severe via subjective rating or observational

E. Code Comfort order set medications may be utilized when a patient with a DNR order is exhibiting moderate to severe symptoms after the following conditions have been met:

1. Scheduled medications have been given as ordered
2. PRN medications for exhibiting symptoms have been given
3. Patient exhibits symptoms of pain, anxiety, agitation or dyspnea in the moderate to severe range

F. A Code Comfort team response maybe activated at the bedside nurse’s discretion to provide:

1. Expert assessments
2. Escalated intervention
3. Medication administration on units that policy might otherwise prohibit
4. Emotional support to family at bedside

G. The Novant Health Code Comfort: Pain, Dyspnea, Anxiety and Agitation Acute Symptom Management Order set requires use of symptom assessment scales that can be utilized on all nursing units. For safe use of the order set, only assessments that result in the following scale measurements can be utilized:

1. Numeric ratings of 0-10 (pain, agitation)
2. Mild, moderate or severe ratings (anxiety, dyspnea)

The following assessment scales are recommended:

3. **Pain:** Self-reported numeric and FACES pain scores, PAINAD assessments (0-10 ratings)
4. **Agitation:** Pre-terminal Pilot Agitation scale: (0-10 ratings)
5. **Dyspnea:** Self-reported or objective: (ratings mild, moderate, severe)
6. Anxiety: self-reported or objective: (ratings mild, moderate, severe)

H. Respiratory Interventions:
   1. All oxygen delivery therapies will be utilized keeping patient comfort in mind
   2. If patient has pre-existing CPAP or BiPap orders in place, these will be utilized
      as Code Comfort non-invasive respiratory therapies for dyspnea.
   3. New BiPap or CPAP will not be implemented during Code Comforts without
      new orders addressing these therapies

I. Documentation will occur in the following areas:
   1. Hourly rounding and shift assessments: EMR charting per unit routine
   2. Detailed assessments and interventions: EMR nursing notes
   3. Code Comfort team alerts: EMR charting via medication assessments

J. Code comfort team:
   See individual policy per hospital for list of responders and how to activate

K. Physician will be called after use of any Code Comfort medication for the following
   purposes:
   1. Notification of patient distress
   2. Review of current medications to assess for need for changes

L. In the event a Code Comfort team is activated, these are the responsibilities of the nurse
   caregiver and Code Comfort team:
   1. The patient’s primary caregiver or individual who activated the Code Comfort
      team will provide a history of the current changes to the team members.
   2. The assessment and response is in collaboration with the primary caregiver and
      the Code Comfort team.
   3. Family/friends at bedside will be comforted and educated during interventions

M. Data will be analyzed to identify opportunities for improvement.

N. Formal education relating to definitions of DNR/DNI, Comfort Measures Only, modified
   interventions, full interventions and focused symptom assessment and management will
   be ongoing for all nurses and respiratory therapy staff.

VI. DOCUMENTATION
   Documentation per unit routine

VII. DEFINITIONS

VIII. RELATED DOCUMENTS:
   Pain assessment and management policy

IX. REFERENCES
X. SUBMITTED BY;

XI. KEY WORDS

XII. INITIAL EFFECTIVE DATE

DATES REVIEWED
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