

---

# A comfort care kit has been placed in the home- now what?

*A NCHPP Chat for the Certified Nursing Assistants (CNAs) Section*

Jason Kimbrel, PharmD, BCPS  
NHPCO Pharmacist Section Leader  
Vice President of Optum Hospice Services

---

## Description

---

*As an interdisciplinary team, comfort medications are readily discussed when managing symptoms at end of life.*

*This chat will focus on what are some of common medications included in comfort orders; what is the rationale for including; and common talking points and myths associated with these treatments.*

# What is comfort care kit and do we need one?

---

The comfort care kit is a concept where the hospice community has:

- ✓ Identified the most common symptoms seen at end of life and the medications used to treat them
- ✓ Proactive ordering model

**A comfort care kit is not a magical box!**

# What's in a Comfort Care Kit?

---

## Symptoms

Pain

Nausea

Anxiety

Agitation

Insomnia

Terminal Secretions

Fever

Shortness of Breath

## Medications

Morphine (Roxanol)

Haloperidol (Haldol)

Lorazepam (Ativan)

Atropine or Hyoscyamine (Levsin)

Acetaminophen (Tylenol)

*Note: Contents of a comfort care kit can differ based on hospice, patient needs, pharmacy etc.*

*This is only for demonstrative purposes*

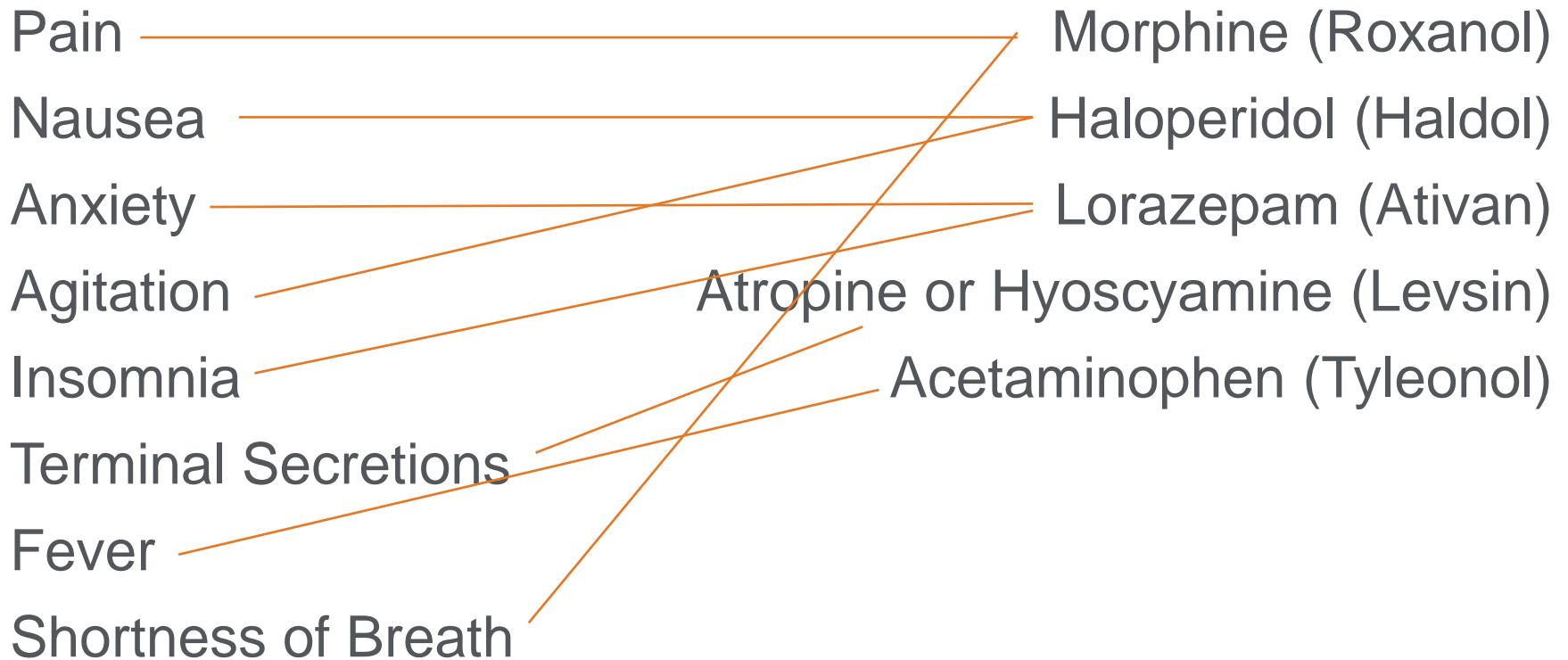
---

# What's in a Comfort Care Kit?

---

## Symptoms

## Medications



---

*Note: Contents of a comfort care kit can differ based on hospice, patient needs, pharmacy etc.*

*This is only for demonstrative purposes*

# How are comfort medications given to patients?

---

Oral (PO)

Sublingual (SL) or Buccal

Rectally (PR)

Subcutaneous (SQ or SC)

Intramuscularly (IM)

intravenous (IV)

---

# Morphine Myths

---

We're going to give morphine sublingually so that it will work faster!

This is partially true. Some of the morphine is absorbed this way and the rest falls to the back of the throat and trickles down into the stomach.

Regardless of drug.... Let's all try this together! Grab some water!

# Morphine Myths

---

*I gave a dose of morphine and my loved one died. Did I kill them?*

## *Respiratory Depression*

Opioid effects differ for patients  
treated for pain

Pain is a potent stimulus to breathe

Loss of consciousness precedes  
respiratory depression

Rapid pharmacologic tolerance

**Respiratory  
Depression**

**Loss of  
Consciousness**

**Sedation**

**Analgesia**

**Pain**

D  
O  
S  
E



# What should you look for regarding medications?

---

- Scope of Practice
- Proper Storage- Most medications should be stored in a cool and dry environment
  - Of note some items like Lorazepam Liquid are often stored in the refrigerator
- Medication disposal
- Changes regarding the plan of care
- Uncontrolled symptoms or confusion
  - Listen for key phrases from family or friends like: “His pain seems to be worse lately” or “She’s been more agitated of late”

# Patient Case

---

- Family instructs the new hospice aide they don't wish to use these medications anymore and would like them removed from the house.
- What should the hospice aide do?

# Patient Case

---

- While the hospice aide is prepping to give the patient a bath, the daughter in passing says “mom seemed to be more depressed of late, so I picked her up some herbals to help”
- What should the hospice aide do?

# What should you look for regarding medications?

---

- All products have the potential to cause drug interactions or side effects
  - Prescriptions
  - Over the Counter (OTC)
  - Herbal
  - Essential Oils
- Hospice aides have a great opportunity to be channels of information by asking questions during visits, making recommendations to the patient or family to let their hospice nurse know. Finally, make sure they inform the hospice nurse of their findings
  - Example: Have you started or changed anything since my last visit? Maybe give some examples like lotions, supplements, even new laundry detergents etc.

# What should you look for regarding medications?

---

- Let's talk Pain!
  - A great question to ask- ***have you told the nurse about your pain?***
- It is not uncommon that any member of the IDT other than the nurse, finds out first that the patient has pain.
  - Sometimes there is fear of starting pain medications
  - Sometimes there is need to be “tough”
  - There could be a cultural or religious reasons
  - Lack of understanding of pain. Example- patient has liver cirrhosis so expects pain to be in the abdominal area, so that pain in the knee is not brought up
  - Family dynamics- Worried loved one will be “drugged” or become “addicted”

# What should you look for regarding medications?

---

- Patients who might be using medications to “chemically cope” with their disease state.
- Be on the look out for statements like:
  - “I need my pain pills so I can sleep” or “My pain pills don’t seem to cause me to be sleepy anymore”
  - vs
  - “I can’t sleep because of my pain”
- Pain control vs Side effects... How do we tell and or address?
- Example: What does the pharmacy tell you when you get a new prescription for an opioid. e.g. Vicodin for a dental procedure...

# What should you look for regarding medications?

---

- Medication abuse and diversion
  - Traffic in and out of house
  - Storage of medications
  - Unsafe practices

# What should you look for regarding medications?

---

- Patients who are showing signs of increase fall risk or orthostatic hypotension
  - There are a lot of medications that patients are taking can increase the risk of falls and blood pressure can often be over treated at end of life leading to dizziness and headaches.
- What to look for? Note if the patients show signs of being less steady on their feet verses in the past. Bring this to the attention of the nurse or IDT.
- Things to be concerned with are: medications that might cause sedation or cognitive impairment etc.
  - Benzo's like Lorazepam, Anticholinergics like Benadryl, Sleepers like Restoril or Trazodone; Opioids like Morphine
- Patients who state they are dizzy or have headache when going from lying to sitting or sitting to standing



---

# Questions?

Jason Kimbrel, PharmD, BCPS  
NHPCO Pharmacist Section Leader  
Vice President of Optum Hospice Services  
[Jason.Kimbrel@optum.com](mailto:Jason.Kimbrel@optum.com)

---