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| **Comfort Observation Chart** | | | | | \\Sdh-public\public\Medicine-Directorate\EOLC\EOLC provision\EOLC photos\EOLC butterfly.jpg | | | | Name    Hospital No  Date of Birth  (or affix patient label) | | | | | | | | | | | |
| **SCORING** | **0= Symptom absent** | **1= MILD**  **-Symptom is mild.**  **-No obvious distress noted.**  **-Resolves spontaneously or with minimal intervention.** | | | **2= MODERATE**  **- Patient distressed by symptom.**  **-Symptom persists after non-pharmacological measures.** | | | | | | | | **3= SEVERE**  **-Symptom causing significant distress to patient and/or**  **-Symptom persists despite previous interventions** | | | | | | | |
| **ACTION** | **-No intervention required**  **-Continue 4 hourly assessments** | **-Look for reversible causes (use non-pharmacological measures) e.g. repositioning, check catheter.**  **- Reassess after 1 hour if action taken otherwise continue 4 hourly assessments**  **- Escalate if mild symptoms persist** | | | **- Consider reversible causes and consider non-pharmacological actions.**  **- Give medication if indicated.**  **-Review hourly until symptom resolved.**  **- Escalate if symptoms persist.**  **-Document actions.** | | | | | | | | **- Consider reversible causes and non-pharmacological actions**  **- Give medication for symptom**  **- Review hourly until symptom resolved**  **-Persistent symptoms require escalation to medical team or CNS**  **-Document actions** | | | | | | | |
| **All actions should be documented on the reverse of this sheet** | | | | | | | | | | | | | | | | | | | | |
| **Date** | | | |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| **Time** | | | |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| **PAIN** | | | Score |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Action Y/N |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| **AGITATION/ RESTLESSNESS** | | | Score |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Action Y/N |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| **RESPIRATORY TRACT SECRETIONS** | | | Score |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Action Y/N |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| **NAUSEA and/or VOMITING** | | | Score |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Action Y/N |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| **SHORTNESS OF BREATH** | | | Score |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Action Y/N |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |

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| **MOUTH CARE** | **0**= mouth and lips are clean and moist  **1**= mouth is dry and clean  **2**= some debris/ dried secretions  **3**= persistent dried debris, or signs of oral thrush | Score |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Aim for hourly mouth care with soft toothbrush/ pink sponges  Consider whether oral gel or saliva replacement indicated  Dr review for oral thrush treatment | Mouth care given  Y/N |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Action Y/N |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **BOWEL CARE** | **0**= bowels opened within last 48hours  **1**=BNO< 3 days  **2**=BNO > 3 days no symptoms  **3**= BNO > 3days symptomatic  (restless / abdominal pain) | Score |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Consider oral magnesium Hydroxide  If BNO > 3days PR +/- suppositories  If continued BNO consider enema cycle- escalate to medical team | Action  Y/N |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **URINARY CARE** | **0**= passing urine without difficulty  **1**= catheter in situ and draining  **2**= catheter bypassing  **3**= urinary retention | Score |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bladder Scan.  Consider alternatives- urinary catheter/convene drainage  Check catheter patency | Action  Y/N |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **INITIALS** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **BAND** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Please use this comfort observation chart to regularly assess for symptoms (min 4 hrly)**  **Document your assessment and any actions below.**  **Remember to reassess after one hour (min) following an intervention for effectiveness** | | | | |
| **Always consider whether any symptoms observed are reversible, and can be managed with non-pharmacological interventions**  **Seek advice from medical team, or End of life Care CNS team (blp1266) or specialist palliative care team (blp 1293) if needed.** | | | | |
| **Time and Date** | | **Symptom** | **Intervention** (incl. PRNs given) | **Effectiveness** | **Initial** |
|  | |  |  |  |  |