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| **Comfort Observation Chart** | \\Sdh-public\public\Medicine-Directorate\EOLC\EOLC provision\EOLC photos\EOLC butterfly.jpg | Name Hospital NoDate 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 spongesConsider whether oral gel or saliva replacement indicatedDr review for oral thrush treatment | Mouth care givenY/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 HydroxideIf BNO > 3days PR +/- suppositoriesIf continued BNO consider enema cycle- escalate to medical team | ActionY/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 drainageCheck catheter patency | ActionY/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** |
|  |  |  |  |  |