

## **Journal Watch**

### **Impact of Writing “Comfort Measures Only” Orders in a Community Teaching Hospital**

Walker KA, Peltier, H, Mayo, R, Dearney, C. Journal of Palliative Medicine 2010; Vol. 13 No. 3, 241-245.

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Received during: The Monthly Journal Club (April 13, 2010), the Cross Cancer Institute

#### **Abstract:**

**Objective:** We compared end-of-life care for patients with and without orders for “comfort measures only” (CMO) and evaluated whether standards for palliative medicine were met.

**Design:** We retrospectively reviewed the charts of 40 patients, 20 with and 20 without a CMO order, who died in our community teaching hospital from October 2003 through September 2004. Appropriate use of medications and interventions and documentation of symptoms and family consultation were examined.

**Results:** There were no significant demographic differences between the groups. Family meeting (18/20 versus 7/20,  $p < 0.001$ ) and do-not-resuscitate / do-not-intubate (DNR/DNI) code status (20/20 versus 8/20;  $p < 0.0001$ ) occurred significantly more frequently in the CMO group.

There were no other significant differences in prescribing medications or treatments. Notation of symptoms common at the end of life did not differ between the groups except for nausea/vomiting, which was more common in the non-CMO group. In the CMO group, opioids were significantly more available and antibiotics and routine laboratory work were significantly less common after the CMO order, but no other differences were observed.

**Conclusion:** CMO orders alone were insufficient for redirecting changes in care at the end-of-life.

#### **Comments:**

Strength/Uniqueness:

The authors and study recognize the importance of discussing goals of care, symptom management, and interventions as well as documentation of symptoms.

Weakness:

This study was limited to 40 participants without a known diagnosis or known onset of diagnosis. It was not clear what symptoms required increased usage of opioids for those patients having a written CMO order.

Relevance to Palliative Care:

It is crucial that patients and families are given clear information regarding the care available at the end of life, in order to make informed decisions. Additionally, it is critical for the non-palliative specialist healthcare providers to have the tools and resources available to assist patients and families regarding end of life issues. It may be helpful to establish a guideline of questions to address goals of care versus a generic checklist of medications and interventions.