Care for Patients Receiving Comfort Measures Only: Experiences of Bedside Nurses

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Background

- Transitions to comfort measures only (CMO) involve discontinuation of life-prolonging interventions with a goal of allowing a natural death.
- Utilization of CMO is common in the intensive care unit (ICU) environment.
- Despite this, little is known about the experience of nurses providing CMO to critically ill patients.

Objective

To examine experiences of nurses caring for patients receiving CMO, including:

- Actual vs preferred presence at CMO discussions
- Questions asked by families of patients receiving CMO
- Moral distress experienced when providing CMO
- Differences in family questions by ICU type

Methods

- **Design:** an online survey was used to obtain data about nurses' experiences with CMO.

  The survey can be found here:
- **Participants and setting:** Nurses in the neuro- and medical-cardiac ICUs at Harborview Medical Center in Seattle, WA (response rate 44%)
- **Analysis:**
  - related-samples Wilcoxon signed rank test to compare nurses' responses regarding actual vs preferred presence at CMO discussions
  - bivariate ordinal logistic regression to examine predictors of moral distress experienced while providing CMO

Results

Table 1. Characteristics of Respondents (n=79)

Age, median (IQR)	37 (29, 45)
Female, %	86
Years in current profession, median (IQR)	8.5 (5, 15)
Medical-cardiac ICU, %	42
Neurocritical care ICU, %	58
> 5 patients in last year on CMO, %	68

Figure 2. Presence when CMO discussed (p<0.001)

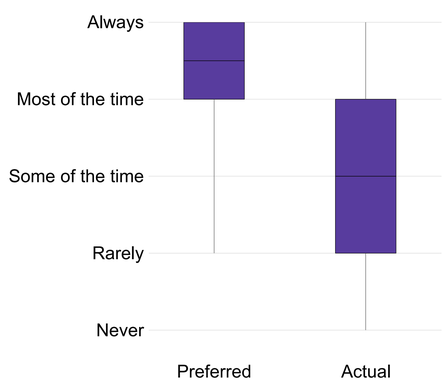

Figure 1. Frequency of moral distress when providing CMO

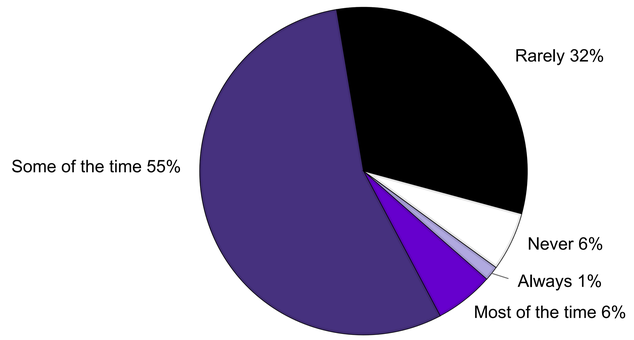

Table 2. Predictors of frequency of moral distress when providing CMO

	OR	95% CI
Felt prepared to answer questions about:		
Overtreatment of symptoms	0.55	0.33, 0.89
Nutrition during dying process	0.49	0.29, 0.82
Hydration during dying process	0.46	0.27, 0.79
Monitoring during dying process	0.57	0.35, 0.95
Asked about specific topics by family:		
Nutrition during dying process	0.50	0.26, 0.98
Extent of distress by specific family questions:		
Features of the dying process	4.73	2.10,10.62
Discontinuing medications	2.63	1.40, 4.94
Initiating medications	2.49	1.03, 6.04
Hydration	2.25	1.20, 4.22
Monitoring	3.64	2.04, 6.49

Figure 3. Frequency of questions from family members about comfort measures only

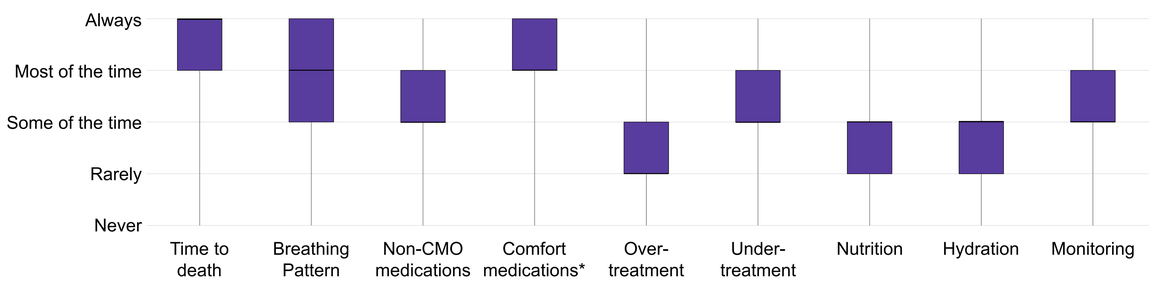

Table 3. Association of ICU type with frequency of family questions, MCICU compared to Neuro-ICU

Family question	OR	95% CI
How long until death	3.252	1.27, 8.56
Comfort medications*	3.737	1.50, 9.34

*Comfort medications = which medication are being given to relieve pain, shortness of breath or anxiety

Summary of Results

- Most nurses prefer to be present when providers discuss CMO with patients/family; actual attendance is significantly less frequent
- Most nurses report some moral distress when caring for patients on CMO
- Feeling prepared to answer family's questions was associated with less moral distress
- Nurses who reported more distress with specific questions were more likely to have general moral distress when caring for patients on CMO
- Family ask a variety of questions, most frequently about time to death, CMO medications, and breathing patterns
- Questions about timing of death and CMO medications were more common in the neuro ICU vs medical-cardiac ICU

Limitations

- Single center (urban, level I trauma center)
- Low response rate (44%)

Conclusions

- There is discordance between nurses' preferences for inclusion in CMO discussions and actual rates of participation
- Most nurses feel some degree of moral distress related to provision of CMO; those who feel more prepared to answer family's questions experience less distress
- Family ask questions that are closely tied to the dying process, including time to death, medications used for symptoms management, and breathing patterns

Implications

- Efforts to promote inclusion of nurses in discussions about CMO are necessary
- Conversations with patients and their family members should be tailored to address common questions
- More research is needed to understand moral distress experienced by nurses providing end-of-life care