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Common Symptoms/Comfort Measures

We hope that the following information and suggestions will make it easier for you to care for your loved one.

Control of pain - this is the most important function in the care of the patient. Pain is subjective and is very real to the patient. It is better to give pain medication in anticipation of the pain rather than waiting for pain to occur. Hospice typically uses a phased approach to pain control starting with mild analgesics and progressing to narcotic pain medication. The goal is to control the pain with the mildest medication that is effective.

To help your hospice nurse and physician determine the most effective pain control regimen - keep careful records of the pain the patient is experiencing. Record the date, time and circumstances causing the pain. Record the location of the pain and the relief given by medications. It is important to be honest about how bad and how frequently you experience pain. No one should have to suffer pain needlessly.

Hypothermia (coolness) - is a decrease in body temperature. The person's hands and arms, feet and then legs may be increasingly cool to the touch, and at the same time the color of the skin may change. This is a normal indication that the circulation of blood is decreasing to the body's extremities and being reserved for the most vital organs. Keep the person warm with a blanket, but do not use one that is electric.

Elevated temperature with increased perspiration - this can sometimes occur. You can sponge or bathe the patient with tepid water for cooling. If an elevated temperature with increased perspiration occurs, changing the bed clothes and linens frequently can help keep the patient comfortable.

Increased sleeping - is normal at this time. The person may spend an increasing amount of time sleeping, and appear to be uncommunicative or unresponsive and at times be difficult to arouse. Sit with your loved one, hold his or her hand, but do not shake it or speak loudly. Speak softly and naturally. Plan to spend time with your loved one during

those times when he or she seems most alert or awake. Do not talk about the person in the person's presence. Never assume the person cannot hear; hearing is the last of the senses to be lost. Speak to him or her directly as you normally would, even though there may be no response.

Shortness of breath or breathing difficulties - this is common in patients who are very ill. Breathing difficulties can create a decreased oxygen level in the body. Signs of low oxygen may include a restless or anxious feeling and a rapid breathing rate. Be calm and reassuring, raise the head of the bed or place pillows behind the back and head to make breathing easier. The nurse will check breathing on each visit.

Irregular breathing during sleep - this is quite common. Short periods of no breathing, actually holding the breath, will occur.

Confusion and disorientation to time, place and person - if this occurs, reassure the patient frequently as to time, date, place and the person present. Identify yourself by name before you speak rather than to ask the person to guess who you are. Speak softly, clearly, and truthfully when you need to communicate something important for the patient's comfort, such as, It is time to take your medication, and explain the reason for the communication, such as, so you won't begin to hurt. It is recommended that the patient not be left alone during a state of increased confusion and disorientation. Precautions should be taken for the patient's safety.

Diminished urinary output - this is normal as liquid intake decreases. However, if a catheter has been inserted, be sure that it is open and draining by checking to make sure the catheter is straight and there is no pressure on the tubing.

Loss of control of either bowel or bladder - when this occurs, discuss with the hospice nurse or the home health aide and they will guide you on what can be done to protect the bed and keep your loved one clean and comfortable. . It is extremely important that the buttocks and genital area be kept as clean and dry as possible. Keeping this area clean will help to prevent skin irritation and possible breakdown.

Congestion - The person may have gurgling sounds coming from his or her chest. This normal change is due to the decrease of fluid intake and an inability to cough up normal secretions. Suctioning usually only increases the secretions and causes sharp discomfort. Gently turn the person's head to the side and allow gravity to drain the secretions. You may also gently wipe the mouth with a moist cloth. The sound of the congestion does not indicate the onset of severe or new pain. Increased fluid intake may be helpful.

Diminished need for food is normal - Encourage small, frequent feedings of whatever the patient desires and at times when he/she is more alert. Do not attempt to force any food or drink. Discuss this with your hospice nurse as necessary.

Diminished hearing and vision do occur - try to avoid shouting at the patient. Speak clearly and slowly. Some patients may prefer a light on so they can see and know their familiar surroundings.

Source: American Cancer Society

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