

Transition to Comfort Care – ICU Huddle Checklist

All comfort care orders are written by ICU team including d/c of all other active orders that may conflict with comfort care

REQUIRED to be present (provider who will be writing the comfort care orders must be present)		OTHER participants as able	
	ICU Attending/Fellow		Chaplain
	ICU Resident/NP		Pharmacist
	Primary Team Attending/Resident		Social Worker
	Bedside RN & Charge RN		Palliative Care if consulting
	Respiratory Care Provider		Clinical Nurse Specialist
	MCS for VAD/ECMO (443-LVAD)		
Topics for Discussion		Notes	
Patient & family have any: <ul style="list-style-type: none"> • Special requests? • Goals / concerns? • Cultural / religious preferences? Are we waiting for anyone to arrive? Have they been educated about the process? Do they wish to be present?			
What is the plan for analgesia and sedation? ** see back			
Is there consensus about removing all non-necessary equipment, meds, therapies, interventions and monitoring devices?			
What is the plan for vent and O2 support weaning?			
Is the plan to extubate? Plan for HFNC, BiPAP?			
What is the sequence for withdrawal of other life sustaining therapies?(vasopressors, inotropes, IVF's, TF, AICD, CRRT, ECMO, etc). <ul style="list-style-type: none"> • Is the order of withdrawal clear? 			
What is the anticipated trajectory? Comfort care suite?			
Potential challenges? Anticipated symptoms & interventions?			
Are there any other concerns? Are all staff comfortable with the plan?			
Attending DNR/I signed?			
Primary Team: Has the Donor Network West been notified? Autopsy discussed? Medical Examiner/Coroner's care?			
Date:		Unit/Bed:	
Name (Initials/MRN):		Nurse:	

