Table 22-9: Important Comfort Strategies to Teach Lay Caregivers at Home

Lay caregivers must be as confident and as competent as possible with care and comfort strategies, because in the home setting they will be alone with the patient the majority of the time.

These end-of-life-related comfort strategies should be demonstrated for, taught to, and understood by lay caregivers before they take on their care responsibilities:

Give pain and other symptom control medications

Caregivers must be instructed in proper administration and dosing of pain and other symptom management medications at scheduled times to keep their loved one as comfortable as possible. Caregivers should also be instructed in administering rescue medications to be given between long-acting medications.

When current regimens are not meeting the needs of ongoing comfort control, caregivers should notify their home or hospice nurse to arrange changes in dose or medication(s) to promote patient comfort at all times.

Caregivers should be informed of the benefits of regular dosing; health care practitioners should dispel caretakers' myths or concerns about addiction, tolerance, and dependence on medications that could inhibit their interest in or ability to adhere to a comfort plan.

Keep clean and dry

Keeping bed linens, pillows, and clothing dry and clean helps promote a patient's comfort and dignity as well as preventing decubitus ulcers. Freshening linens with scented powder or light perfume can enhance the olfactory and tactile sense of cleanliness as well.

Promote privacy & dignity

As lay caregivers take over more physical care responsibilities, they may need to be reminded to respect the patient's privacy as much as possible. Instructions such as keeping patients' private body parts covered and asking guests to leave the room when patients are urinating or receiving bath care will enhance the patient's dignity and emotional comfort.

Care for mouth and lips

When weak or short of breath, patients will breathe through their mouths, which are often relaxed and open. Because this tends to dry out the oral mucosa and lips, caregivers need to brush the patient's teeth and/or rinse their mouth and rub a cool moist cloth over their teeth and apply moisturizer to their lips regularly.

Moisten dry eyes

When the body weakens, eyelids become more relaxed and people will sleep with their eyes open and rarely blink. This is very drying and sensitive to eye tissue.

Caregivers should be instructed to avoid directing the breeze of fans, heat, and air conditioning toward the patient's open eyes. Application of 2 to 4 drops of artificial tears every one or two hours will add gentle comfort.

Reposition and turn

As disease advances and bodies weaken, it becomes more difficult for patients to move and turn themselves. Caregivers can be taught to use a draw sheet for ease and comfort with repositioning.

Monitor bowel movements

Even though individuals may eat little as they get closer to the end-of-life, it is still important to remember that bodies continue to make waste. Keeping track of the frequency of bowel movements and notifying the visiting nurse if a patient has not had a bowel movement in at least 3 days is important for the person's overall comfort.

We must remember that the intimate memories of direct caregiving by family members become everlasting for the survivors. Informing family caregivers of the natural, expected events and comfort strategies will improve caregivers' satisfaction with their assistance to the patient. The responsibility for caregiver instruction is shared throughout all settings of HIV care delivery.