



GUIDELINES TO ACHIEVE A STATE OF COMFORT FOR NEWBORNS TREATED WITH PALLIATIVE CARE

BONDING

- Holding, skin-to-skin care
- Provide parents the opportunity to take care of their baby's needs (breast/bottle feeding, nutrition via NG/OG/G-tube, diaper change, bath, dressing, etc.)
- Provide parents the opportunity to help with their baby's medical needs (taking temperature, suctioning, help with medical dressing, etc.)
- Bonding is promoted in delivery room, on the post-partum floor while the baby rooms-in with the mother or in the NICU. A private space should be provided. If no family members are available, the baby is held by health care personnel or trained volunteers.

MAINTENANCE OF BODY TEMPERATURE

- Skin-to-skin care, holding
- Warmer, heat lamps, swaddled in blankets

RELIEF OF HUNGER/THIRST

- Breast/bottle feeds (breastfeeding/lactation consultant/speech pathologist support)
- Special nipples or devices (speech pathologist support)
- Use of NG/OG/G-tube as appropriate
- Infant NPO or end-of-life care: colostrum care, sucrose drops, non-nutritive strategies (speech pathologist support)

ALLEVIATION OF DISCOMFORT/PAIN

- Assessment of respiratory distress (air hunger, agitation, increased work of breathing, gasping) and use of non-pharmacological strategies (gentle suctioning upper airways, positioning) or pharmacological treatment (Morphine Sulfate PO/IV; Fentanyl IN; Lorazepam PO/IV; Midazolam IN)
- Assessment of pain by validated clinical scores (NIPS or PIPP) and use of non-pharmacological strategies (positioning, skin-to-skin, sucking) or pharmacological treatment (Acetaminophen PO/PR; Morphine Sulfate PO/IV; Fentanyl IN; Lorazepam PO/IV; Midazolam IN)

NG: nasogastric; OG: orogastric; G-tube: gastric tube; NPO: *nil per os*; PO: *per os*; PR: *per rectum*; IV: intravenous; IN: intranasal; NIPS: neonatal infant pain scale; PIPP: premature infant pain profile.

