



LIST OF TASKS AIMED AT PROVIDING COMFORT TO NICU INFANTS WITH LIFE-THREATENING CONDITIONS

Infants critically ill but receiving full intensive care

- Discuss baby's clinical status and potential comfort interventions with primary medical/nursing team
- Discuss with parents a plan of comfort interventions following conversation with medical/nursing team
- Provide privacy
- Facilitate baby/parents' bonding by holding, gentle touch, OT/PT may be consulted
- Consider colostrum care or non-nutritive strategies, speech pathologist may be consulted
- Provide parents the opportunity to take care of their baby's needs (feedings as appropriate, diaper change, sponge bath, dressing, etc.)
- Provide parents the opportunity to help with their baby's medical needs (taking temperature, suctioning, help with medical dressing, etc.)
- Involve interdisciplinary services (*)

Infants at end-of-life stage after redirection of goal of care

- Discuss plan for removal of life-sustaining support with parents
- Assure parents that a state of comfort for their baby can always be achieved, regardless of his/her condition
- Involve interdisciplinary services (*)
- Provide a private room
- Do not resuscitate/do not intubate (DNR/DNI) order and removal of life-sustaining support in appropriate fashion and following family's wishes
- Maintain an IV access, if present, for pain management
- Facilitate bonding and warmth by skin-to-skin or holding
- Consider colostrum care or non-nutritive strategies, speech pathologist may be consulted
- Assess for discomfort/pain and provide medication, as needed.
- After the baby dies, help parents to bathe and dress their baby
- Facilitate bonding by involving siblings and extended family as per family's wishes

(*) Interdisciplinary services include social worker, child life specialist, chaplain and psychologist, if needed