



## TERMS AND ACRONYMS

**DNR**--Do not resuscitate order. ... They do this with cardiopulmonary resuscitation (CPR). A DNR is a request not to have CPR if your heart stops or if you stop breathing. You can use an advance directive form or tell your doctor that you don't want to be resuscitated. Your doctor will put the DNR order in your medical chart.

**DNI** or “Do Not Intubate” order means that chest compressions and cardiac drugs may be used, but no breathing tube will be placed.

**AND**--“Allow Natural Death” order is a term used at some hospitals as an alternative to the more traditional DNR order.

**Life Support** (Resuscitation, intubation and other means of maintaining life.)

Reasons for Life Support:

The body is a complex machine. Many organs and systems constantly work to keep it healthy. Some functions are so crucial that you can't live if they stop. When they fail, special medical procedures, commonly called life support, can keep you alive until your body is ready to take over again. But sometimes the body isn't able to resume the work.

**Comfort Care** refers to care plan for the patient that is focused on symptom control, pain relief, and quality of life. **Comfort Measures Only** refers to medical treatment of a dying person where the natural dying process is permitted to occur while assuring maximum comfort. It includes attention to the psychological and spiritual needs of the patient and support for both the dying patient and the patient's family.

**Palliative Care** is patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering.

**Hospice Care** is care designed to give supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure. The goal is to enable patients to be comfortable and free of pain, so that they live each day as fully as possible. Aggressive methods of pain control may be used.

Hospice programs generally use a multidisciplinary team approach, including the services of a nurse, doctor, social worker and clergy in providing care. Additional services provided include drugs to control pain and manage other symptoms; physical, occupational, and speech therapy; medical supplies and equipment; medical social services; dietary and other counseling; continuous home care at times of crisis; and bereavement services. Although hospice care does not aim for cure of the terminal illness, it may treat potentially curable conditions such as pneumonia and bladder infections, with brief hospital stays if necessary. Hospice programs also offer respite care workers, people who are usually trained volunteers, who take over the patient's care so that the family or other primary caregivers can leave the house for a few hours. Volunteer care is part of hospice philosophy.