

Hospice Care Planning for Comfort Measures

Date: _____

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name] and Family,

We are here to support you during this challenging time. As part of our hospice care planning, we want to ensure that your comfort and dignity are prioritized. Below are the proposed comfort measures tailored to your needs:

Comfort Measures

- **Symptom Management:** Regular assessments and adjustments in medication to alleviate pain and discomfort.
- **Emotional Support:** Access to a licensed counselor for emotional and psychological support.
- **Spiritual Care:** Availability of spiritual advisors to provide comfort and guidance.
- **Personal Care:** Assistance with daily activities such as bathing, grooming, and companionship.

Please feel free to reach out with any questions or concerns. We are committed to providing compassionate care tailored to your unique preferences.

With warmth and care,

[Your Name]

[Your Position]

[Organization Name]

[Contact Information]