Palliative Care End of Life Order Set
Comfort Measures / Symptom Relief

Patient
[ ] Admit as Inpatient  [ ] Admit as Inpatient with Telemetry  [ ] Place in Observation with Telemetry

Allergies

Admitting Physician

Attending Physician  [ ] Same as above  [ ] Other

[ ] Hospital Medicine to follow (enter in Affinity under Consulting Physician) To assume care on Date: _______ Time: _______

Admit to  [ ] ICCU  [ ] Admit to AHC

Goal of Care: Comfort and Symptom Relief for End-of-Life

Code Status: ______________

Cross out Orders not wanted

Routine Patient Care
- Pain and other symptom assessment Q4H while awake. Call physician for unrelieved pain or other symptoms.
- Oral Hygiene Q2-4 hours PRN
- Fan available at bedside if patient is experiencing dyspnea
- Oxygen NC 2-4 liters prn dyspnea for patient comfort
- Diet as tolerated
- Turn - Reposition q 2 hours and prn comfort. Consider pre-medication.
- Foley prn comfort

Discontinue:
- [ ] routine vitals - (may check at family request if fever evident)
- [ ] pulse oximeter checks
- [ ] daily weights
- [ ] intake & output
- [ ] enteral tube feedings
- [ ] pneumatic compression devices (PCDs)
- [ ] glucose monitoring
- [ ] telemetry
- [ ] physical therapy
- [ ] occupational therapy
- [ ] speech therapy

Laboratory Tests
- [ ] discontinue lab tests except for: __________________________

Consults
- [ ] Hospice
- [ ] Care Management Consult
- [ ] Spiritual Health Consult
- [ ] WOC Consult
- [ ] Pain Management Consult

Medication orders on back

Date ____________________ Time ____________________ Physician ____________________

Rice Memorial Hospital
Palliative Care End of Life Order Set 4/09
9010-0843-29  Mainkeeper: CM
Medications

Intravenous Fluids
[ ] TKO IV fluids - 20 mL/hour with 0.9% Sodium Chloride
May remove all lines unless required for medication administration

Pain or Dyspnea Management for opioid naive patient
[ ] Morphine Sulfate 5 - 10 mg PO/SL every 2 hours pm
[ ] Morphine Sulfate 1-4 mg IV every 1 hour pm
[ ] Dilaudid 1-4 mg PO every 3 hours pm
[ ] Dilaudid 0.5-1 mg IV every 2 hours pm
[ ] Oxycodone 5-10mg PO every 2 hours pm
[ ] Oxycodin 10 mg PO every 12 hours (may give rectal if unable to take PO)
[ ] MS Contin 15 mg every 12 hours (may give rectal if unable to take PO)
[ ] Fentanyl Patch 12 mcg/hr every 72 hours

Antipyretic / Pain
[ ] Acetaminophen (Tylenol) 650 mg PO Q4H, PRN pain or temp greater than 100.4° F
[ ] Acetaminophen (Tylenol) 1000 mg PO Q6H, PRN temp greater than 100° F or mild discomfort
[ ] Acetaminophen (Tylenol) 975 mg PR (Rectal) Q6H, PRN temp greater than 100° F or mild discomfort

Anxiety, Nausea, Agitation
[ ] Lorazepam (Ativan) 0.5 - 1 mg IV/PO or Sublingually Q4H PRN anxiety, seizures (avoid if delirium present)
[ ] Promethazine (Compazine) 10 mg PO or 25 mg PR Q6H PRN nausea / vomiting.
[ ] Zofran 4 mg IV every 6 hours pm nausea
[ ] Other: __________________________________________

Haloperidol - IF patient greater than 60 kg and less than 70 years of age
[ ] Haloperidol (Haldol) 1-2 mg Q6H IV PRN agitation Call physician if agitation not relieved at these doses
[ ] Haloperidol (Haldol) 0.5-1 mg PO/PR Q4H. Call physician if agitation not relieved at these doses

Haloperidol - IF patient less than or equal to 60 kg or greater than or equal to 70 years of age
[ ] Haloperidol (Haldol) 0.5-1 mg IV PRN agitation Q1H until calm; then Q6H PRN agitation
Call physician if agitation not relieved at these doses

Bowel Medications
[ ] Bisacodyl Suppository (Dulcolax) 10 mg PR (Rectal) x 1 IF no bowel movement in 72 hrs.
Give only after rectal check for impacted stool
[ ] Senokot-S (Senna/Docusate) 1 tablet PO BID
[ ] Other: __________________________________________

Secretions
[ ] Hyoscine 0.125-0.25mg PO/SL every 4-6 hours pm
[ ] Transdermal scopolamine patch apply 1-3 patches topically every 3 days pm
[ ] Atropine drops 1% 1-2 drops PO/SL every 4-6 hours pm

Lubricants
[ ] Artificial tears (Isopto Tears) to both eyes Q shift PRN dryness
[ ] Saliva substitute (Xero-Lube) ______ mL PO Q shift PRN dryness
[ ] Water based lubricant to lips Q shift PRN dryness

Additional Medications
[ ] __________________________________________________________________________
[ ] __________________________________________________________________________

Date ____________________________ Time ____________________________ Physician ____________________________