

(place patient label here)

Patient Name: \_\_\_\_\_



**PROVIDER ORDERS**

**Order Set Directions:**

- > (✓)- Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**Comfort Care End of Life**

**Version 2 10/30/2018**

**Patient Placement**

**Preferred Location/Unit**

- ICU
- PCVU
- Oncology
- Medical

**Activity**

- Activity as tolerated
- Patient Positioning Turning every 2 hours, As needed for comfort. (Consider pre-medication)

**Nursing**

- Comfort Care
- If Unrelieved Pain, THEN Notify Provider
- Oral Hygiene every 1-2 hours, As needed
- Fan Available at Bedside if Experiencing Dyspnea
- Vital Signs Per Unit Standard
- Nasopharyngeal/Tracheal Suctioning, as needed for secretions (Try medications & repositioning first. Try to limit suction. Educate family.)
- Aqua pad, as needed for comfort
- Initiate Foley Catheter Management Protocol, As needed for comfort
- Initiate Wound Care Protocol, As needed
- May Discontinue All Lines Unless Required for Medication Administration
- May Crush Medications Unless Contraindicated
- IF Unable to Swallow for 36 Hours, THEN Notify Provider
- IF Agitation Not Relieved With Medications, THEN Notify Provider
- Hold All Bowel Medications for Loose Stools
- Discontinue Vital Signs (May check at family request if ever evident)
- Discontinue Laboratory Test
- Discontinue Pulse Oximetry
- Discontinue Daily Weights
- Discontinue Intake & Output
- Discontinue Enteral Tube Feedings
- Discontinue Sequential Compression Devices (SCDs)
- Discontinue Point of Care Capillary Blood Glucose
- Discontinue Telemetry
- Discontinue CO2 Monitoring for Patients With PCA
- PT Physical Therapy Discontinue
- OT Occupational Therapy Discontinue
- ST Speech Therapy Discontinue

**Diet**

- Regular Diet with Quality of Life diet unless otherwise stated

Initials \_\_\_\_\_

(place patient label here)

Patient Name: \_\_\_\_\_



**PROVIDER ORDERS**

**Order Set Directions:**

- > (✓)- Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

**Respiratory**

- O2 Delivery via Nasal Cannula 1-6 liters, titrate to comfort or dyspnea as needed
- O2 Delivery RT/RN to Determine, Titrate to Keep O2 Sat Greater Than or Range 90-95%
- Extubate Patient

**IV/Line Insert and/or Maintain**

- Peripheral IV
- Saline Lock Adult
- Central Line

**IV Fluids-Maintenance Specific Fluid**

Sodium Chloride 0.9% IV

- 30 milliliters/hour continuous intravenous infusion

**Medications**

**Pain or Dyspnea Management for opioid naive patient**

Morphine Sulfate

- 5-20 milligrams by mouth every 2 hours, as needed for pain or dyspnea
- 5-20 milligrams sublingual every 2 hours, as needed for pain or dyspnea
- 1-4 milligrams intravenously every 1 hour, as needed for pain or dyspnea

hydromorphone (DILAUDID)

- 1-4 milligrams by mouth every 3 hours, as needed for pain or dyspnea
- 0.5-1 milligram intravenously every 2 hours, as needed for pain or dyspnea

oxycodone

- 5-10 milligrams by mouth every 2 hours, as needed for pain or dyspnea

fentanyl patch

- 12 micrograms/hour every 72 hours for pain or dyspnea

albuterol

- 2.5 milligrams/3 milliliters nebulized every 2 hours, as needed for shortness of breath

**Antipyretic/Pain**

acetaminophen (TYLENOL)

- 650 milligrams by mouth every 4 hours, as needed for mild pain or temperature greater than 100.4 F, max 4000 milligrams/day
- 650 milligrams rectally every 4 hours, as needed for mild pain or temperature greater than 100.4 F, max 4000 milligrams/day

**Anxiety/Nausea/Agitation** (evaluate for urine retention and bowel movement if increased agitation)

lorazepam (ATIVAN)

- 0.5-1 milligram by mouth every 4 hours, as needed for anxiety/seizures (avoid if delirium present)
- 0.5-1 milligram sublingual every 4 hours, as needed for anxiety/seizures (avoid if delirium present)
- 0.5-1 milligram intravenously every 4 hours, as needed for anxiety/seizures (avoid if delirium present)

haloperidol (HALDOL) *If patient greater than 60kg and less than 70 years of age*

- 1-2 milligrams intravenously every 6 hours, as needed for agitation
- 0.5-1 milligram by mouth every 4 hours, as needed for agitation, nausea or vomiting

prochlorperazine (COMPAZINE)

- 10 milligrams by mouth every 6 hours, as needed for nausea/vomiting
- 25 milligrams rectally every 6 hours, as needed for nausea/vomiting

Initials \_\_\_\_\_

(place patient label here)

Patient Name: \_\_\_\_\_



**PROVIDER ORDERS**

**Order Set Directions:**

- > (✓)- Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

- 5-10 milligrams intravenous every 6 hours, as needed for nausea/vomiting promethazine (PHENERGAN)
- 12.5 milligrams intravenous every 4 hours, as needed for nausea/vomiting ondansetron (ZOFTRAN)
- 4-8 milligrams by mouth every 4 hours, as needed for nausea/vomiting
- 4-8 milligrams sublingual every 4 hours, as needed for nausea/vomiting
- 4 milligrams intravenously every 6 hours, as needed for nausea/vomiting

**Bowel Care/Gastric Distress/Heart Burn**

- bisacodyl (DULCOLAX) suppository
  - 10-20 milligrams rectally daily, if no bowel movement in 72 hours, give only after rectal check for impacted stool (Hold for loose stool)
- docusate + sennosides (SENOKOT-S)
  - 1-2 tablets by mouth twice a day, as needed for constipation May give 8 tablets/day (Hold for loose stool)
  - 2 tablets by mouth at bedtime, may increase to twice a day, if constipation continues (Hold for loose stool)
- polyethylene glycol (MIRALAX)
  - 17 grams in 8 ounces of liquid by mouth daily, as needed for constipation (Hold for loose stool)
- Milk of Magnesia
  - 15-30 milliliters by mouth daily, as needed for constipation (Hold for loose stool)
- Mintox
  - 15-30 milliliters by mouth every 4 hours, as needed for gastric distress
- calcium carbonate (TUMS)
  - 500-1000 milligrams by mouth every 4 hours, as needed for gastric distress
- Fleet Enema
  - 1 enema rectally daily, as needed for constipation. May repeat x 1 (Hold for loose stool)
- loperamide (IMODIUM)
  - 4 milligrams by mouth x 1 then 2 milligrams after each loose stool. Max 8mg/day

**Miscellaneous**

- scopolamine (TRANSDERM SCOP)
  - 1.5mg/72hr transdermal patch, 1-2 patches behind ear every 72 hours, as needed for secretions
- atropine drops
  - drops 1% 1-4 drops by mouth every 4 hours, as needed for excessive secretions
  - drops 1% 1-4 drops sublingual every 4 hours, as needed for excessive secretions
- glycopyrrolate
  - 0.2 milligram intravenously three times a day, as needed for excessive secretions
- artificial tears or lacrilube
  - Apply to both eyes, as needed for dryness
- saliva substitute (MOUTHKOTE)
  - \_\_\_\_\_ml by mouth every shift, as needed for dryness
- diclofenac (VOLTAREN) Gel 1%
  - Apply 2-4 grams to affected area four times a day, as needed for pain. Max 32g/day
- lidocaine patch 5% (LIDODERM)
  - Apply 1-3 patches to affected area 12 hours on, 12 hours off, as needed for pain
- guaifenesin 100mg/5ml (ROBITUSSIN)
  - 5-10 milliliters by mouth every 4 hours, as needed for loosening secretions
- guaifenesin/dextromethorphan 100mg/10mg/5ml (ROBITUSSIN DM)
  - 5-10 milliliters by mouth every 4 hours, as needed for cough

Initials\_\_\_\_\_

(place patient label here)

Patient Name: \_\_\_\_\_

**Order Set Directions:**

- > (√)- Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page



**PROVIDER ORDERS**

---

**Consults Department**

- Consult Hospice Care
- Consult Transition Plan/Care Coordinator
- Consult Chaplain (page through operator, after hours contact patient flow)
- Consult Native American Center (call Native American Center at X 5197)
- Consult Wound Care

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_