

End of Life Order Set
Adult Acute Care Part I



Name: _____

HCN: _____

Date of Birth: _____

ALLERGIES: _____ **NO KNOWN**

Consults

- Palliative Care
 Social Work
 Pastoral Care
 Occupational Therapy
 Other: _____ Reason: _____

Diet

- Diet as tolerated
 Soft solids
 Pureed
 Other: _____

Activity

- Activity as tolerated
 Other: _____

Medication Management **** If patient unable to swallow ****

Discontinue PO meds

Switch medications required for symptom management to subcutaneous form. List changes in additional orders section on subsequent page. If medication required for symptom management is not available in subcutaneous form, consider Palliative Care Consult

Insert subcutaneous port

Respiratory

O₂ via nasal prongs 2 - 4 L/minute PRN for comfort

**** Consider consulting Palliative Care Specialist at 777-8610 regarding opioid use in dyspnea management ****

Respiratory Secretions

- Glycopyrrolate 0.4 mg subcutaneous every 1 hour PRN (consider this medication first for conscious patient)
 Scopolamine 0.6 mg subcutaneous every 1 hour PRN
 Atropine 1% ophthalmic solution 2 - 4 drops sublingual every 4 hours PRN

For conscious patient with cough:

- Combivent nebs 1 neb QID PRN for productive cough
 Salbutamol nebs 1 neb every 2 hours PRN for non-productive cough
 Other: _____

Tubes

Indwelling Urinary Catheter PRN

Restlessness/Agitation

- Lorazepam 0.5 - 2 mg sublingual every 4 hours PRN
 Midazolam 2.5 - 10 mg subcutaneous every 1 hour PRN

****If patient needs more than 3 PRN doses per 24 hours, notify prescriber to reassess and consider consulting Palliative Care Specialist at 777-8610****

Prescriber's Name: _____ Signature: _____ Date: DD/MONTH/YYYY Time: HH:MM

Nurse's Name: _____ Signature: _____ Date: DD/MONTH/YYYY Time: HH:MM

End of Life Order Set
Adult Acute Care Part II



Name: _____

HCN: _____

Date of Birth: _____

ALLERGIES: _____ **NO KNOWN**

Anxiety

Lorazepam 0.5 - 2 mg sublingual every 4 hours PRN

**** If patient needs more than 3 PRN doses per 24 hours, notify prescriber to reassess ****

Nausea

Metoclopramide 10 mg subcutaneous QID PRN (Absence of bowel obstruction)

Ondansetron 4 mg subcutaneous every 4 hours PRN (Presence of bowel obstruction or contraindication to Metoclopramide)

**** If patient needs more than 3 PRN doses per 24 hours, notify prescriber to reassess ****

Bowel Care

Senna _____ PO every _____

PEG 17 g PO every _____

Lactulose 15 - 30 mL PO every _____

If no BM in 3 days, Bisacodyl suppository PR daily PRN

If no results from Bisacodyl suppository in 24 hours, fleet enema PR daily PRN

Massive Exsanguination (Life-Threatening Bleed) OR Severe Refractory Dyspnea

Midazolam 10 mg subcutaneous every 5 minutes PRN, no maximum

Seizures

- Notify Prescriber

Lorazepam 1 - 3 mg subcutaneous every 5 minutes PRN maximum 3 doses

Opioid Analgesic

If acute care patient requires subcutaneous opioid, prescriber to consider contacting Palliative Care Specialist at 777-8610.

Prescriber to include opioid orders in space provided below.

Additional Orders

Prescriber's Name: _____	Signature: _____	Date: <u>DD/MONTH/YYYY</u>	Time: <u>HH:MM</u>
Nurse's Name: _____	Signature: _____	Date: <u>DD/MONTH/YYYY</u>	Time: <u>HH:MM</u>