



Regional Palliative Care

Regional Eastern Health
End of Life Order Set
Adult-Community Care Sites Part I



Name:

HCN:

Date of Birth:

ALLERGIES: _____ NO KNOWN

Please send completed orders to community pharmacy and to hccreferral.coordinators@easternhealth.ca.

Community Health Referral

- If client not already consulted to community health, complete Community Health Referral (ch-0805) and send to hccreferral.coordinators@easternhealth.ca or call your local community health office

Advance Care Planning

- Complete Advance Care Planning (ACP) Order Form (ch-1289)

Urinary Catheter

- Indwelling urinary catheter PRN (size to be determined by nurse based on clinical assessment)

Medication Management ** If client 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 are not available in subcutaneous form, consider Palliative Care Consult

- Insert subcutaneous port

Opioid Medications (Dyspnea / Pain Management)

- Morphine ___ mg subcutaneous every ___ hour

AND

- Morphine ___ mg subcutaneous every ___ hour PRN for breakthrough

* This medication requires a tamper resistant prescription including total authorized quantity of doses in part fills*

OR in the case of renal impairment

- HYDROMORPHONE ___ mg subcutaneous every ___ hour

AND

- HYDROMORPHONE ___ mg subcutaneous every ___ hour PRN for breakthrough

* This medication requires a tamper resistant prescription including total authorized quantity of doses in part fills*

** Consider consulting Palliative Care Specialist at 777-8610 regarding opioid use in dyspnea and/or pain management and/or refer to dosing guidelines on reverse of page, particularly if client has renal impairment or is elderly**

Respiratory

Oxygen

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

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

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



Name: _____

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ALLERGIES: _____ **NO KNOWN**

Secretion Management

- Glycopyrrolate 0.4 mg subcutaneous every 1 hour PRN (consider this medication first for conscious client (dispense 10 vials with 6 refills)
- Scopolamine 0.6 mg subcutaneous every 1 hour PRN (dispense 10 vials with 6 refills)

Excessive Drooling

- Atropine 1% ophthalmic solution 2 - 4 drops sublingual every 4 hours PRN, dispense one 5 ml bottle with 1 refill

Conscious patient with cough:

- Combivent nebs 1 nebulizer every 6 hours PRN for productive cough, dispense 1 box (50 ml) with 2 refills
- Salbutamol 1mg/ml nebs 1 nebulizer every 2 hours PRN for non-productive cough, dispense 1 box (50 ml) with 2 refills
- Other: _____

Restlessness/Agitation/Anxiety

- Lorazepam 0.5 - 2 mg sublingual every 4 hours PRN (dispense 40 – 0.5 mg tablets, 0 refills) (If requiring maximum dose, community health nurse contact prescriber to reassess need to switch to midazolam)
- Midazolam 2.5 - 10 mg subcutaneous every 15 minutes PRN (dispense 20 amps, 2 refills)
If client needs more than 3 PRNs per 24 hours, community health nurse to notify prescriber to reassess and consider consulting Palliative Care Specialist at 777-8610

Delirium

- Methotrimeprazine 12.5 – 25 mg subcutaneous every 8 hours PRN (dispense 1 box (10 vials) with 3 refills)

Nausea

- Metoclopramide 10 mg subcutaneous every 6 hours PRN (Absence of bowel obstruction) (dispense 10 vials with 3 refills)
- Ondansetron 4 mg subcutaneous every 4 hours PRN (Presence of bowel obstruction or contraindication to Metoclopramide) (dispense 10 vials with 3 refills)

** If client needs more than 3 PRNs per 24 hours, community health care nurse to notify prescriber to reassess **

Bowel Care

- Sennosides 17.2 mg PO daily, may repeat every 6 hours PRN to a maximum of 3 doses in 24 hours (dispense 60 – 8.6 mg tablets with 3 refills)
- Polyethylene glycol 3350 –17 grams dissolved in 240 mL juice or water PO daily, may repeat in 12 hours to a maximum of 2 doses in 24 hours (dispense 510 gram bottle with 3 refills)
- Lactulose 15 - 30 mL PO every 4 hours PRN to a maximum of 60 mL in 24 hours (dispense 250 mL, 2 refills)
- If no BM in 3 days, Bisacodyl 10 mg rectal suppository once daily PRN (dispense 1 box with 2 refills)
- If no results from Bisacodyl suppository in 24 hours, community health care nurse to contact prescriber

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

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



Eastern Health

Regional Palliative Care

**Regional Eastern Health
End of Life Order Set
Adult-Community Care Sites Part III**



Name: _____

HCN: _____

Date of Birth: _____

ALLERGIES: _____ **NO KNOWN**

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

Midazolam 5mg/mL, give 10 mg subcutaneous every 5 minutes PRN, no maximum (dispense 10 amps with 0 refills in addition to midazolam supply for other indications)

Seizures

Lorazepam 1 - 3 mg subcutaneous every 5 minutes PRN maximum 3 doses (dispense 3 amps, 0 refills)

Eye Care

Lacri-lube ophthalmic ointment PRN (dispense 1 tube, 2 refills)

Mouth Care

Nystatin 500,000 units to swish and swallow PO QID (dispense 100 mL, 0 refills)

Artificial Saliva Spray, 1-2 sprays PO PRN (dispense 1 bottle, 2 refills)

Hiccups

Chlorpromazine 12.5 – 25 mg PO q6h PRN (dispense 30 tabs, 1 refill)

Fever

Acetaminophen 650 mg PO q 4 hours PRN (max 3000 mg from all sources in 24 hours) (dispense 50 – 325 mg tabs)

Acetaminophen 650 mg rectally q 4 hours PRN (max 3000 mg from all sources in 24 hours) (dispense 12 – 650 mg suppositories)

Additional Orders

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

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



Eastern
Health

Regional Palliative Care

Regional Eastern Health
End of Life Order Set
Adult-Community Care Sites Part IV



Name: _____

HCN: _____

Date of Birth: _____

ALLERGIES: _____ NO KNOWN

Dosing Guidance

*Consider opioid status of the patient prior to dosing

Opioid Naïve Patient: Not regularly receiving opioid medication during previous 5 days or more

Opioid Tolerant Patient: Has been receiving regular doses of opioid for at least previous 5 days

Pain

Morphine	<p>Opioid Naïve: morphine 2.5 mg subcutaneously Q1H PRN</p> <p>Opioid Tolerant: Calculate total daily dose (TDD) of oral morphine (add regular and breakthrough doses used/24 hours). Then convert to subcutaneous by reducing to half TDD and then divide that amount by 6 to get Q4 hourly dose and then divide that dose by 2 to get breakthrough dose hourly PRN or alternatively use 10% of TDD every hour PRN for breakthrough</p> <p>Decreased Renal Function: consider HYDROmorphine with dose intervals of every 6 hours for regular dose and every 2 hours PRN for breakthrough dose.</p> <p>Elderly: Consider using lower dose in the elderly patient or use HYDROmorphine</p>
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OR

HYDROmorphine	<p>Opioid Naïve: HYDROmorphine 0.5mg subcutaneous every 1 hour PRN.</p> <p>Opioid Tolerant: Calculate total daily dose (TDD) of oral HYDROmorphine (add regular and breakthrough doses used/24 hours). Then convert to subcutaneous by reducing to half TDD and then divide that amount by 6 to get Q4 hourly dose and then divide that dose by 2 to get breakthrough dose every 1 hour PRN or alternatively use 10% of TDD every hour PRN for breakthrough</p> <p>Decreased Renal Function: consider HYDROmorphine with dose intervals of every 6 hours for regular dose and every 2 hours PRN for breakthrough dose.</p> <p>Elderly: Consider using lower dose in the elderly patient</p>
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Dyspnea

Morphine	<p>Opioid Naïve: morphine 1 – 2.5 mg subcutaneous every 1 hour PRN</p> <p>Opioid Tolerant: Calculate total daily dose (TDD) of oral morphine (add regular and breakthrough doses used/24 hours). Then convert to subcutaneous by reducing to half TDD and then divide that amount by 6 to get Q4 hourly dose and then divide that dose by 2 to get breakthrough dose hourly PRN or alternatively use 10% of TDD hourly PRN for breakthrough</p> <p>Decreased Renal Function: consider HYDROmorphine with dose intervals of every 6 hours for regular dose and every 2 hours PRN for breakthrough dose.</p> <p>Elderly: Consider using lower dose in the elderly patient or use HYDROmorphine</p>
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OR

HYDROmorphine	<p>Opioid Naïve: HYDROmorphine 0.3 – 0.5 mg subcutaneous every 1 hour PRN</p> <p>Opioid Tolerant: Calculate total daily dose (TDD) of oral HYDROmorphine (add regular and breakthrough doses used/24 hours). Then convert to subcutaneous by reducing to half TDD and then divide that amount by 6 to get Q4 hourly dose and then divide that dose by 2 to get breakthrough dose every 1 hour PRN or alternatively use 10% of TDD every hour PRN for breakthrough</p> <p>Decreased Renal Function: consider HYDROmorphine with dose intervals of every 6 hours for regular dose and every 2 hours PRN for breakthrough dose.</p> <p>Elderly: Consider using lower dose in the elderly patient</p>
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Prescriber's Name: _____ Signature: _____ Date: DD/MONTH/YYYY Time: HH:MM

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