Eastern Health
Regional Palliative Care

Regional Eastern Health End of Life Order Set Adult-Long Term Care (Part I)

PO5520 2296 05 2022

Name:

HCN:

Date of Birth:

ALLERGIES: _____ ☐ **NO KNOWN**

Advance Care Planning

☐ Advance Healthcare Directive (AHCD) completed ☐ Do Not Resuscitate (DNR)

Consults

☐ Palliative Care Consult Service ☐ Other: _____ Reason: _____

Investigations

☐ Discontinue bloodwork
☐ Discontinue blood glucose monitoring

Diet

☐ Diet as Tolerated ☐ NPO

Urinary Catheter

☐ Indwelling Urinary Catheter PRN for urinary retention (size to be determined by nurse based on clinical assessment)

Medication Management

**** If LTC resident 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 not available in subcutaneous form, consider Palliative Care Consult

Eye Care

☐ Artificial Tears 1-2 drops to each eye q 1 hour PRN
☐ Lacri-lube ophthalmic ointment PRN
☐ Methylcellulose 0.5% 1 drop to each eye q 2 hours PRN

Mouth Care

☐ Mouth Care q 1-2 hours PRN
☐ Artificial Saliva Spray 1 – 2 sprays PO PRN
☐ Nystatin 500,000 units to swish and swallow PO QID

Hiccups

☐ Chlorpromazine 12.5 – 25 mg PO q 6 hours PRN

Fever

☐ Monitor Temp q 4 hours PRN
☐ Acetaminophen 650 mg PO/PR q 4 hours PRN **(max 4,000 mg from all sources in 24 hours)**

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-Long Term Care (Part II)

PO5520 2296 05 2022

Name:

HCN:

Date of Birth:

ALLERGIES: _____ ☐ **NO KNOWN**

Respiratory

☐ O_2 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 0.2 mg - 0.4 mg Subcut q 1 hour PRN (consider this medication first for conscious LTC resident)

☐ Scopolamine 0.4 mg- 0.6 mg Subcut q 1 hour PRN

Excessive Drooling

☐ Atropine 1% ophthalmic solution 2 - 4 drops sublingual q 4 hours PRN

For conscious LTC resident with cough:

☐ Combivent nebs 1 nebule QID PRN for productive cough

☐ Salbutamol 1 mg/mL nebs I nebule q 2 hours PRN for non-productive cough

☐ Other: _____

Seizures

☐ Lorazepam 1 - 3 mg Subcut q 5 minutes PRN for seizure activity. Maximum 3 doses, notify prescriber (dispense 3 amps)

Restlessness/Agitation/Anxiety

☐ Lorazepam 0.5 mg sublingual q 4 hours PRN (dispense 40 tablets)

☐ Midazolam 2.5 mg Subcut q 1 hour PRN (dispense 20 amps)

If LTC resident needs more than 3 PRNs per 24 hours, notify prescriber to reassess and consider consulting Palliative Care Specialist at 777-8610

Nausea

☐ Metoclopramide 10 mg Subcut QID PRN (Absence of bowel obstruction)

☐ Dimenhy**DRINATE** 12.5 - 25 mg Subcut q 6 hours PRN

** If LTC resident needs more than 3 PRNs per 24 hours, notify prescriber to reassess **

Bowel Care

☐ PEG 3350 (polyethylene glycol) 17 g (1 packet) dissolved in 240 mLs juice or water PO Daily

☐ Sennosides 17.2 mg PO Daily

☐ Lactulose 15-30 mL PO Daily

☐ If no BM in 3 days, Bisacodyl 10 mg PO/PR at bedtime

☐ If no results from Bisacodyl in 24 hours, contact prescriber for reassessment

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-Long Term Care (Part III)

PO5520 2296 05 2022

Name:

HCN:

Date of Birth:

ALLERGIES: _____ ☐ **NO KNOWN**

Opioid Analgesic

If LTC resident requires subcutaneous opioid, prescriber to consider:

- LTC Pain Management Patient Order Set Ch-1928
- contacting Palliative Care Specialist at 777-8610

Prescriber required to provide opioid order on Tamper Resistant Drug Pad (TRDP)

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

☐ Midazolam 10 mg Subcut q 5 minutes PRN, no maximum (dispense 10 amps)

If order is indicated for LTC resident prescriber to discuss in detail with nursing staff

Additional Orders

_____

_____

_____

_____

_____

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

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