



PLEASE STAMP BELOW

**HURON PERTH HEALTHCARE ALLIANCE**

Allergies:  NKA or: \_\_\_\_\_

Weight (kg) \_\_\_\_\_ Height (cm) \_\_\_\_\_

SCAN ALL ORDERS TO PHARMACY

**HPHA PALLIATIVE ORDER SET**

**ADMIT TO:** \_\_\_\_\_ **Dr.** \_\_\_\_\_ to  consult  assume MRP

**DIAGNOSIS:**

**ISOLATION:**  Airborne  Droplet  Contact  None

**CODE STATUS:**  Documented resuscitation status in chart  Identify Substitute Decision Maker  
 Other (see chart for clarification): \_\_\_\_\_

**CONSULTS:**  CAPCE Nurse  Hospice Volunteer  Social Work  
 Spiritual Care  Pharmacy  HCC Support Services  
 Physiotherapy  Occupational Therapy  Speech-Language Pathology  
 Dietitian

**DIET:**  Regular Diet  Clear Fluids  NPO  
 Dysphagia Fluids, Full Fluid Texture  Dysphagia Fluids, Soft Texture  
 Soft Food PRN as per patient comfort (Ordering physician has discussed risk of aspiration with patient)

**ACTIVITY:**  As Tolerated

**VITALS/MONITORING:**

Discontinue routine vitals and oxygen saturation measurements  
 Palliative Performance Scale (PPS) QSHIFT and with change of condition or status  
 Vitals \_\_\_\_\_

**LINES/TUBES:** Consider whether non enteral hydration is necessary for patient comfort.

Discontinue IV Fluids  Saline Lock  Sodium Chloride 0.9% IV at \_\_\_\_\_ mL per hr  Foley catheter  
 If patient expires, remove all lines. Release body to morgue and funeral home

**MEDICATIONS:**

Consider discontinuing medications that are burdensome to the patient and non-essential at end of life.

As per Medication Reconciliation Form completed by Physician  
 Please discontinue all previous medications

**PAIN:**

If patient currently on opioids and unable to swallow, discontinue ALL previous PO opioids, then convert current regiment to subcutaneous. Parenteral dose should be one-half of oral dose. Breakthrough is calculated as 10% of the 24-hour total daily dose of the scheduled opioid. Please select DOSE and ROUTE of administration:

Refer to **PCA Order Set**

FORM#0DRME073M4 04/21 ISFLEM

Processed by:	Date & Time	Reviewed by:	Date & Time
Practitioner Printed Name	Practitioner Signature	Date	Time



**HURON PERTH HEALTHCARE ALLIANCE**

Allergies:  NKA or: \_\_\_\_\_

Weight (kg) \_\_\_\_\_ Height (cm) \_\_\_\_\_

SCAN ALL ORDERS TO PHARMACY

**MEDICATIONS CONTINUED:**

**Regularly SCHEDULED OPIOID:**

- morphine \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous Q4H
- HYDROmorphine \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous Q4H

**BREAKTHROUGH OPIOID (May also be used for dyspnea):**

- morphine \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous Q1H PRN
- HYDROmorphine \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous Q1H PRN

- Subcutaneous dose recommended to be half of PO dose
- Please consider selecting morphine or HYDROmorphine, not both.
- If considering PCA pump use, please see Patient Controlled Analgesia (PCA) Order Set.

Consider ordering adjuvant analgesics/palliative radiotherapy, if applicable:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please do not select medications for delirium unless patient has this condition or at high risk for delirium.

**MILD/MODERATE DELIRIUM:** Please ideally select PO OR Subcutaneous route of administration rather than both

- Haloperidol \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous Q1H PRN (Suggested dose 0.25 - 2 mg)
- Haloperidol \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous TID (Suggested dose 0.5 - 2 mg)
- Methotrimeprazine \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous Q1H PRN (Suggested dose 2.5 - 12.5 mg)
- Methotrimeprazine \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous TID (Suggested dose 2.5 - 12.5 mg)

**SEVERE DELIRIUM:**

- Midazolam \_\_\_\_\_ mg subcutaneous Q30MIN PRN (suggested dose 1- 5 mg)  
*\*\*Bring under control quickly and consider using antipsychotic medication dose at same time*
- Methotrimeprazine \_\_\_\_\_ mg subcutaneous Q30MIN PRN (suggested dose 12.5 - 25 mg)
- Methotrimeprazine \_\_\_\_\_ mg subcutaneous TID (suggested dose 12.5 - 25 mg)

**AGITATION / RESTLESSNESS:**

- Supportive counselling (Hospice Program, Social Work)
- Methotrimeprazine \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous Q1H PRN (suggested dose 5 - 12.5 mg)
- Methotrimeprazine \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous TID (suggested dose 2.5 - 12.5 mg)
- LORazepam \_\_\_\_\_ mg PO/Sublingual **OR** \_\_\_\_\_ mg Subcutaneous Q1H PRN (suggested dose 1-2 mg)
- Midazolam 1 - 5 mg subcutaneous Q30MIN PRN (for severe agitation or distress or terminal bleeding)

Processed by:	Date & Time	Reviewed by:	Date & Time
Practitioner Printed Name	Practitioner Signature	Date	Time



**HURON PERTH HEALTHCARE ALLIANCE**

Allergies:  NKA or: \_\_\_\_\_

Weight (kg) \_\_\_\_\_ Height (cm) \_\_\_\_\_

SCAN ALL ORDERS TO PHARMACY

**MEDICATIONS CONTINUED:**

**DYSPNEA:**

Control symptoms, treat underlying causes, discuss with care partner. If on opioids already consider increasing the baseline dose by 25 % and adjusting breakthrough accordingly.

- O<sub>2</sub> at \_\_\_\_\_ L per min via nasal prongs PRN (useful in hypoxia)
- Position by open window/fan

*\*\*Consider ordering opioids for dyspnea if not on opioids already. If patient already on opioids, consider optimizing dose to treat dyspnea*

Do not order additional narcotics if ordered on page one of this order set.

- Morphine \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous (suggested 2.5-5 mg PO) Q6H
- Morphine \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous (suggested 1-2.5 mg PO) Q2H PRN
- HYDROMORPHONE \_\_\_\_\_ mg PO Q2H PRN
- HYDROMORPHONE \_\_\_\_\_ mg Subcutaneous Q2H PRN

**RESPIRATORY SECRETIONS:**

To promote patient comfort, avoid deep suctioning

- Position patient in semi prone position
- Scopolamine 0.6 mg Subcutaneous Q2H PRN

**OR**

- Glycopyrrolate 0.4 mg Subcutaneous Q2H PRN

**FEVER:**

- Acetaminophen 650 mg PO/rectal Q4H PRN

**NAUSEA:**

- Metoclopramide \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous QID PRN (suggested 10 - 20 mg)  
Consider in opioid induced nausea
- Haloperidol \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous BID PRN (suggested 0.5 - 1 mg)  
Consider in bowel obstruction
- Methotrimeprazine \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous TID PRN (suggested 2 - 12.5 mg)  
Consider as an alternative to haloperidol
- Ondansetron \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous TID PRN (suggested 4 - 8 mg)  
Consider in nausea as a result of chemotherapy or radiation
- Dexamethasone \_\_\_\_\_ mg PO **OR** \_\_\_\_\_ mg Subcutaneous DAILY PRN (suggested 4 - 8 mg)  
Monitor/review dosage daily to establish lowest effective dose.  
Consider in refractory nausea (give dose early in day)

*\*\*If nausea is severe consider combination therapy targeting different neurotransmitters*

Processed by:	Date & Time	Reviewed by:	Date & Time
Practitioner Printed Name	Practitioner Signature	Date	Time



PLEASE STAMP BELOW

**HURON PERTH HEALTHCARE ALLIANCE**

Allergies:  NKA or: \_\_\_\_\_

Weight (kg) \_\_\_\_\_ Height (cm) \_\_\_\_\_

SCAN ALL ORDERS TO PHARMACY

**MEDICATIONS CONTINUED:**

**LAXATIVE REGIME:** (daily laxative if opioid prescribed, Docusate not recommended)

- Polyethylene Glycol (PEG 3350) 17 g in 250 mL water PO Daily
- Lactulose \_\_\_\_\_ mL PO Daily (suggested 15 - 30 mL)
- Senna 17.2 mg PO Daily

**MOUTH AND EYE CARE:**

- Artificial Saliva 1 – 2 sprays topical to mouth PRN
- Nystatin 500,000 units swish swallow QID (if thrush suspected)
- Petroleum gel apply to lips topically Q2H PRN
- hydroxypropylmethylcellulose 0.5% 1 - 2 drops to both eyes Q2H PRN

Processed by:	Date & Time	Reviewed by:	Date & Time
Practitioner Printed Name	Practitioner Signature	Date	Time