

**NORTH SHORE UNIVERSITY HOSPITAL
DOCTOR'S ORDER**

**PALLIATIVE CARE
Physician Orders**

IF NO PLATE, PRINT NAME AND NUMBER

ALL MEDICATIONS MUST BE RENEWED IN WRITING EVERY 14 DAYS UNLESS THE MEDICATION ORDER IS INCLUDED IN THE CATEGORIES LISTED BELOW:

- ALL CONTINUOUS INFUSIONS MUST BE RENEWED EVERY 24 HOURS**
- DRUGS WHICH MUST BE RENEWED EVERY 3 DAYS** - ALL CONTROLLED MEDICATIONS (SCH 11 - V)
AND ANABOLIC STEROIDS • KETOROLAC (TORADOL) INJECTION • PHENAZOPYRIDINE
PARENTERAL HISTAMINE-2 BLOCKING AGENT (FAMOTIDINE INJECTION)
- DRUGS WHICH MUST BE RENEWED EVERY 5 DAYS** - AMINOGLYCOSIDE ANTIBIOTICS
(AMIKACIN, GENTAMICIN, TOBRAMYCIN) VANCOMYCIN
- DRUGS WHICH MUST BE RENEWED EVERY 7 DAYS** - ANTIMICROBIAL AGENTS • INVESTIGATIONAL DRUGS
• ORAL POTASSIUM SUPPLEMENTS • ANTICOAGULANTS • OXYTOCICS
• CORTICOSTEROID • HEMATOPOIETIC AGENTS

STAT *Check box if any meds needed*

“Unapproved Abbreviations will NOT be processed”

DATE	TIME	NOTE: ORDERS MUST HAVE DATE AND TIME **Medication orders must include <i>dose, route and frequency</i>	Nurse Signature
		ALLERGIES:	Weight:
Primary Diagnosis:		Assess patient for the following symptoms	
Attending:		Anxiety	Insomnia
Allergies:		Confusion/Agitation	Nausea
<input type="checkbox"/> Discontinue all previous orders.		Constipation	Pain
1. Diet: <input type="checkbox"/> No restrictions (food may be provided by caregiver)		Depression	Pruritis
<input type="checkbox"/> Nothing by mouth (NPO)		Diarrhea	Stomatitis
<input type="checkbox"/> Tube feed _____ at _____ ml per hour via _____.		Dyspnea	Terminal secretions
2. Activity: <input type="checkbox"/> Out of bed as tolerated		Hiccups	Vomiting
<input type="checkbox"/> Out of bed with assistance		Additional New Orders	
<input type="checkbox"/> Bed rest			
3. Vital signs: <input type="checkbox"/> Discontinue			
<input type="checkbox"/> Every shift			
<input type="checkbox"/> Daily			
4. Pain and dyspnea assessment every:			
<input type="checkbox"/> _____ hours			
<input type="checkbox"/> Every shift			
5. Weight: <input type="checkbox"/> None <input type="checkbox"/> every _____ days			
6. I & O: <input type="checkbox"/> None ?? every _____ days			
7. Visiting: <input type="checkbox"/> Open visiting, nurse restrictions apply			
<input type="checkbox"/> Per routine policy			
8. DNR: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Instructions:			
9. Palliative care will include:			
<input type="checkbox"/> Psychosocial Care – Social Work Referral			
<input type="checkbox"/> Spiritual Care – Chaplaincy Referral			
<input type="checkbox"/> Doula Referral – Call 562-8884			
10. Oxygen therapy: <input type="checkbox"/> None			
<input type="checkbox"/> Other _____			
Pulse oxymetry : <input type="checkbox"/> None <input type="checkbox"/> Daily			
11. Labs: <input type="checkbox"/> None			
<input type="checkbox"/> Other _____			
12. IV: <input type="checkbox"/> None <input type="checkbox"/> D5W <input type="checkbox"/> D5W 1/2NS <input type="checkbox"/> NS			
<input type="checkbox"/> Heparin lock			
<input type="checkbox"/> Rate _____ ml per hour			
13. Oral care every shift			
14. Bowel Regimen		Signature:	
<input type="checkbox"/> Senekot 1 tab orally twice daily			
<input type="checkbox"/> Colace 200mg orally twice daily		Print Name:	

Cross out unused portion of sheet with a single line before scanning Scanned by: _____ Date: _____ Time: _____

USE BALL POINT PEN ONLY

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PROVIDER GUIDELINES FOR PALLIATIVE CARE

Each order should contain the medication name, ONE route, ONE dose, ONE frequency, and indication if written as PRN.

PAIN MANAGEMENT

For Opioid-Naïve Patient:

Morphine 15 mg po or 5 mg subcut/IV. Repeat every hour until pain is relieved. Begin morphine 30 mg po or 10 mg SQ/IV every 4 hr around the clock or begin IV morphine infusion at 2 mg per hour and 2 mg subcut/IV every 1 hour prn (100 mg morphine in 100 ml NS) or Hydromorphone 2 mg po or 0.5-1 mg IV/subcut with same frequency as morphine. Hydromorphone infusion (100 mg in 100 ml NS) begin at 0.5 mg to 1 mg per hour.

For Opioid-Treated Patient:

Uncontrolled pain, increase fixed dose by 50%. Pain related to inflammation or edema, consider dexamethasone 20 mg daily for 5 days.

ANXIETY and INSOMNIA

Lorazepam 0.5 mg po/IM/IV twice daily
Temazepam 15 – 30 mg po every night
Clonazepam 0.5 – 2 mg po twice daily

CONFUSION

Haloperidol 0.5 - 2 mg po/IM/IV
Risperidone 0.5 mg every day

AGITATION

Haloperidol 1 – 5 mg po/IM/IV every 20 minutes for agitation to maximum of 20 mg
Lorazepam 0.5 mg – 2 mg IV every 4 hours

DEPRESSION

If anticipated survival is in months:
Zoloft (sertraline) start 25 mg po every day and titrate up to 200 mg po every day
Effexor (venlafaxine) start 37.5 mg po twice daily and titrate up to 112.5 mg po twice daily
Remeron (mirtazapine) 15 mg po every night and titrate up to 45 mg

If anticipated survival is in weeks:

Ritalin (methylphenidate) 5mg - 15 mg po three times daily

CONSTIPATION (Always check for impaction)

Sorbitol or lactulose 30 ml po every 2 hour until constipation resolved. When symptoms improve, begin sorbitol or lactulose 30 ml po twice daily.
Magnesium citrate 120-240 ml po
Fleets enema or mineral oil enema three times per week

DIARRHEA

Loperamide 4 mg po every 4 hours prn diarrhea
Octreotide 50-100 mcg SQ/IV daily to three times daily
Tincture of opium 0.6-1.2 ml orally every 4-8 hours

DYSPNEA

For Opioid-Naïve Patient:

Morphine 5 – 15 mg po or 2 – 5 mg subcut/IV. Repeat every hour as needed. Begin morphine 30 mg po or 10 mg SQ/IV every 4 hours or begin morphine infusion at 2 mg per hour and 2 mg subcut/IV every 1 hour prn dyspnea.

For Opioid-Treated Patient:

Increase fixed opioid dose by 50% for dyspnea
If breathlessness continues, add lorazepam 1 mg po or SQ/IV. Repeat every hour if needed until dyspnea resolves then begin 1 - 2 mg po/subcut/IV every 3 hours.

Additional therapies:

Dexamethasone 16 mg po/IV, then 4 mg po/IV every 6 hours
Albuterol 2.5 mg via nebulizer prn wheezing
Atrovent (ipratropium) 500 micrograms via nebulizer

HICCUPS

Chlorpromazine 10 – 25 mg po/IM three times daily
Haloperidol 0.5 – 2 mg po/subcut/IV three times daily
Baclofen 5-10 mg po three times daily

IV HYDRATION (Generally unnecessary)

Consider decreasing IV rate to 0.5 – 1 liter/24 hours

NAUSEA/VOMITING

Reglan (metoclopramide) 10 mg po/IV every 4 hours
Compazine (prochlorperazine) 10 mg po/IV every 4 hours
Compazine (prochlorperazine) 25 mg per rectum every 8 hours
Dexamethasone 8 mg po/IV every 8 hours
Haloperidol 0.5-2 mg IV every 6-8 hours
Zofran (ondansetron) 8 mg IV/PO every 8-12 hours prn
Marinol (dronabinol) 5 mg po every 6-8 hours
Lorazepam 0.5-2 mg IV every 4-6 hours prn
Inhibit gastric secretions: Octreotide 50 micrograms IV bolus followed by infusion 50 micrograms per hour

PRURITIS

Diphenhydramine 25 – 50 mg po/IV every 12 hours
Hydrocortisone 1% cream to area every 6 hours
Dexamethasone 1 mg po every day
Zyrtec (cetirizine) 5 – 10 mg po every day
Questran (cholestyramine) 4 gm powder po twice daily

STOMATITIS

Viscous lidocaine 2% to painful areas
Clotrimazole 10 mg troche five times daily
Nystatin 10 ml swish and swallow every 6 hours
Gelclair 1 packet swish and swallow three times per week

TERMINAL SECRETIONS (NOISY RESPIRATIONS)

Scopolamine patch 1.5 – 3 mg 72 hours
Atropine 2% eye drops sublingual
Robinul (glycopyrrolate) 0.2 mg IV four times daily

PALLIATIVE CARE CONSULT AND EMERGENCIES

Telephone 562-8884
Attending Pager 975-8884