Ed's House
Northumberland Hospice Care Centre
Phone: 855-473-8875 Fax: 289-252-0676

Palliative Care Order Set

Admit to: _____

Diagnosis: _____

☑ DNR

☑ Nurse may pronounce, if death occurs after 9pm notify MD of death in the morning

Precautions

☐ Active respiratory infection ☐ Other: _____

Known positive for: ☐ MRSA ☐ VRE ☐ C. difficile

Activity

☐ AAT ☐ Other: _____

Diet

☐ DAT ☐ Other: _____

☑ Discontinue PO meds if loss of swallow

Respiratory

☐ Oxygen PRN for comfort by np or mask

Lines

☐ Foley catheter PRN for comfort

☐ Start subQ set PRN

Bowel Protocol

☐ senna 17.2mg PO QHS routine if on opioids, mitte: 14 tabs, repeat: 3

☐ lactulose 30mL PO daily PRN if no BM x 24hr, mitte: 250mL, repeat: 3

☐ bisacodyl 10mg supp PR daily PRN if no BM x 72hr, mitte: 1 supp, repeat: 1

☐ Fleet® enema 130mL PR daily PRN if no BM x 72 hr, mitte: 1 enema, repeat: 1

☐ _____

Practitioner Name: _____ Date: _____

Signature: _____

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PRNs (if NOT covered by current home meds)

Pain Management

☐ hydromorphone IR ____ mg **PO** q1h PRN, mitte: _____

☐ hydromorphone ____ mg **subQ** q20mins PRN, mitte: _____

☐ _____

For CADD pump, use Bayshore CADD pump order form

Anxiety/Agitation

☐ lorazepam 1-2mg SL q4h PRN, mitte: 10 x 1mg tab, repeat: 1

☐ midazolam 2-5mg subQ q1h PRN, mitte: 1 x 10mg vial, repeat: 1

☐ methotrimeprazine 6.25mg-12.5mg **PO** q4h PRN, mitte: 4 x 25mg tab, repeat: 1

☐ methotrimeprazine 6.25mg-12.5mg **subQ** q4h PRN, mitte: 4 x 25mg vial, repeat: 1

☐ _____

For continuous infusion, use Bayshore CADD pump order form

Nausea

☐ metoclopramide 5-10mg **PO** QID PRN, mitte: 20 x 5mg tab, repeat: 1

☐ metoclopramide 5-10mg **subQ** QID PRN, mitte: 10 x 5mg vial, repeat: 1

☐ haloperidol 0.5-2mg **PO** BID PRN, mitte: 10 x 1mg tab, repeat: 1

☐ haloperidol 0.5-2mg **subQ** BID PRN, mitte: 2 x 5mg vial, repeat: 1

☐ _____

Excessive Respiratory Secretions

☐ scopolamine 1.5mg transdermal patch q72h - initiate PRN, mitte: 1 patch, repeat: 1

☐ scopolamine 0.6mg subQ q1h PRN, mitte: 5 x 0.6mg vial, repeat: 1

☐ _____

Additional Orders

☐ _____

☐ _____

☐ _____

☐ _____

Practitioner Name: _____ Date: _____

Signature: _____

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