



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



Palliative Care Order Set	
Admit to Dr. _____	
Diagnosis: _____	
<input checked="" type="checkbox"/> DNR	
<input checked="" type="checkbox"/> Nurse may pronounce, if death occurs after 9pm notify MD of death in the morning	
Precautions	
<input type="checkbox"/> Active respiratory infection	<input type="checkbox"/> Other: _____
Known positive for: <input type="checkbox"/> MRSA <input type="checkbox"/> VRE	<input type="checkbox"/> C. difficile
Activity	
<input type="checkbox"/> AAT	<input type="checkbox"/> Other: _____
Diet	
<input type="checkbox"/> DAT	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Discontinue PO meds if loss of swallow	
Respiratory/Moisture	
<input type="checkbox"/> Oxygen PRN for comfort by np or mask	
<input checked="" type="checkbox"/> Secaris nasal gel prn for comfort if using oxygen	
<input checked="" type="checkbox"/> Artificial tears gtt prn	
Lines	
<input type="checkbox"/> Foley catheter PRN for comfort, flush prn	
<input checked="" type="checkbox"/> Start subQ set PRN	
Bowel Protocol	
<input type="checkbox"/> senna 17.2mg PO QHS routine if on opioids, mitte: 200, send 14 tabs initially and then as nurses order it	
<input type="checkbox"/> lactulose 30mL PO daily PRN if no BM x 24hr, mitte: 2000mL, send 250mL initially and then as nurses order it	
<input type="checkbox"/> bisacodyl 10mg supp PR daily PRN if no BM x 72hr, mitte: 20 supps, send as nurses order it	
<input type="checkbox"/> Fleet® enema 130mL PR daily PRN if no BM x 72 hr, mitte: 20 enemas, send as nurses order it	
<input type="checkbox"/> _____	
Practitioner Name: _____ Date: _____	
Signature: _____ CPSO #: _____	





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Palliative Care Order Set

PRNs (if NOT covered by current home meds)

Pain Management

- hydromorphone IR ____ mg **PO** q1h PRN, mitte: ____ x 2mg tabs, send ____ tabs initially, then as nurses order it
- hydromorphone ____ mg **subQ** q20mins PRN, mitte: ____ x 1mL vials (2mg/mL), send ____ vials, then as nurses order it
- _____

For CADD pump, use Bayshore CADD pump order form

Anxiety/Agitation

- lorazepam 1-2mg **PO** q4h PRN, mitte: 200 x 1mg tab, send 10 tabs initially, then as nurses order it
- midazolam 2-5mg **subQ** q1h PRN, mitte: 50 x 1mL vial (5mg/mL), send 5 vials initially, then as nurses order it (LU 495)
- methotrimeprazine 6.25mg-12.5mg **PO** q4h PRN, mitte: 100 x 25mg tab, send 4 tabs initially, then as nurses order it
- methotrimeprazine 6.25mg-12.5mg **subQ** q4h PRN, mitte: 50 x 1mL vial (25mg/mL), send 4 vials, then as nurses order it
- _____

For continuous infusion, use Bayshore CADD pump order form

Nausea (*note* : haloperidol also indicated for agitation)

- metoclopramide 5-10mg **PO** QID PRN, mitte: 100 x 5mg tab, send 20 tabs initially, then as nurses order it
- metoclopramide 5-10mg **subQ** QID PRN, mitte: 200 x 1mL vial (5mg/mL), send 10 vials then as nurses order it (LU 481)
- haloperidol 0.5-2mg **PO** BID PRN, mitte: 100 x 1mg tab, send 10 tabs initially, then as nurses order it
- haloperidol 0.5-2mg **subQ** BID PRN, mitte: 100 x 1mL vial (5mg/mL), send 2 vials initially, then as nurses order it
- _____

Excessive Respiratory Secretions

- scopolamine 0.6mg subQ q1h PRN, mitte: 50 x 1mL vial (0.6mg/mL), send 5 vials initially, then as nurses order it (LU 481)
- _____

Catastrophic Bleed

- midazolam 5-10mg subQ q1min prn to comfort/sedation, mitte: 5 x 2mL vial (5mg/mL), send only if nurses order (LU 495)

Seizure

- midazolam 5-10mg subQ q5min prn, mitte: 5 x 2mL vials (5mg/mL), fill only if nurses order (LU 495)
- _____

Additional Orders

- dexamethasone ____ mg **PO** QD, mitte: 200 x 4mg tabs, send 14 initially, then as nurses order it
- dexamethasone ____ mg **subQ** _____, mitte: 100 x 1mL vial (4mg/mL), send 7 initially, then as nurses order it
- _____
- _____

Practitioner Name: _____ Date: _____

Signature: _____ CPSO #: _____

