

**Ed's House**

Northumberland Community Hospice Care Centre  
Phone: 855-473-8875  
Fax: 289-252-0676



**Palliative Care Order Set**

Admit to Dr. \_\_\_\_\_

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/Moisture**

Oxygen PRN for comfort by np or mask

Secaris nasal gel prn for comfort if using oxygen

Artificial tears gtt prn

**Lines**

Foley catheter PRN for comfort, flush prn

Start subQ set PRN

**Bowel Protocol**

senna 17.2mg PO QHS routine if on opioids, mitte: 200, send 14 tabs initially and then as nurses order it

lactulose 30mL PO daily PRN if no BM x 24hr, mitte: 2000mL, send 250mL initially and then as nurses order it

bisacodyl 10mg supp PR daily PRN if no BM x 72hr, mitte: 20 supps, send as nurses order it

Fleet® enema 130mL PR daily PRN if no BM x 72 hr, mitte: 20 enemas, send as nurses order it

\_\_\_\_\_

Practitioner Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

CPSO #: \_\_\_\_\_

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**PRNs (if NOT covered by current home meds)**

**Pain Management/Dyspnea**

- hydromorphone IR \_\_\_\_ mg **PO** q1h PRN, mitte: 500 x 2mg tabs, send 25 tabs initially, then as nurses order it
- hydromorphone \_\_\_\_ mg **subQ** q20mins PRN, mitte: 200 x 1mL vials (2mg/mL), send 10 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 10 vials initially, then as nurses order it (LU 481)
- \_\_\_\_\_

**Catastrophic Bleed**

- midazolam 5-10mg subQ q1min prn to comfort/sedation, m: 4 x 10mL 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 #: \_\_\_\_\_