

Allergies:  NKDA \_\_\_\_\_

Consider palliative care consult by calling: (425) 635 - 6393

Code status: These orders require DNAR status.

Please confirm:  DO NOT attempt resuscitation     Deactivate defibrillator, leave pacer function intact

**NURSING INTERVENTIONS:** (Check box to activate. Line through to cancel pre-checked orders)

- Private Room
- Discontinue I & O, pulse oximetry, and cardiac monitoring
- Vitals BID for comfort assessments; may discontinue per family request
- Indwelling urinary catheter or condom catheter per patient comfort
- O<sub>2</sub> 0 - 6 liters per minute via nasal cannula PRN SOB/ dyspnea. O<sub>2</sub> sats not to be monitored unless specifically ordered
- Humidified mask per patient comfort PRN
- Upper airway suction only for severe secretions causing discomfort. Do NOT deep suction
- Oral care every 2 hours AND moistened swabs to mouth PRN
- Turn and reposition for comfort (follow policy: specialty bed, special therapy #12267)

**DIETARY:** (Line through to cancel orders)

- Diet of choice per patient or family as desired
- Send message to nutritional services for *Comfort Care Family Tray*

**IV THERAPY:** (Check box/ fill in to activate. Line through to cancel pre-checked order)

- Discontinue current IV fluids. If on opioid infusion then infuse at 10 mL/ hour
- No routine peripheral IV catheter changes
- IV Fluid: \_\_\_\_\_ to infuse at \_\_\_\_\_ mL/ hour

**LABORATORY/ DIAGNOSTICS:** (Line through to cancel order)

- Discontinue all previous lab and diagnostic orders including all blood glucose measurements

**CONSULTS:** (Check box/ fill in to activate)

- Care Management Consult     Pastoral Care Consult     Wound Care Consult for comfort
- Physical Therapy/ Occupational Therapy/ Speech Therapy  discontinue     continue for: \_\_\_\_\_

**MEDICATIONS:** (Check box to activate. Line through to cancel pre-checked orders)

- Discontinue all previous medications except the following: \_\_\_\_\_

<input type="checkbox"/> sennosides (SENNA) 8.6 mg PO BID PRN. If ineffective, polyethylene glycol (MIRALAX) 17 g PO BID PRN If NPO, bisacodyl (DULCOLAX) suppository 10 mg PR BID PRN	Constipation
<input checked="" type="checkbox"/> acetaminophen (TYLENOL) 650 mg PO/ PR every 4 hours PRN	Mild Pain (1-3), Temp >38° C
<input checked="" type="checkbox"/> ondansetron (ZOFRAN) 4 mg IV or 8 mg PO every 6 hours PRN <input type="checkbox"/> prochlorperazine (COMPazine) 10 mg PO/ IV every 6 hours PRN (2 <sup>nd</sup> choice if ondansetron ineffective)	Nausea/ Vomiting
<input type="checkbox"/> diphenhydramine (BENADRYL) 12.5 - 25 mg PO/ IV every 4 hours PRN	Itching
<input checked="" type="checkbox"/> atropine 1% ophthalmic solution 2 drops sublingually every 2 hours PRN	Mild to Moderate Pulmonary Secretions
<input type="checkbox"/> scopolamine (TRANSDERM SCOP) 1.5 mg patch apply behind ear every 72 hours PRN	Severe Pulmonary Secretions
<input type="checkbox"/> Lorazepam (ATIVAN) 0.5 – 1 mg PO/ SL/ IV every 2 hours PRN anxiety, respiratory rate greater than 20, or increased work of breathing	Anxiety/ RR >20
<input type="checkbox"/> haloperidol (HALDOL) 0.5 - 1 mg PO/ IV every 4 hours PRN	Agitation

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



**MEDICATIONS:** (Check box/ fill in to activate. Line through to cancel pre-checked orders)

<input checked="" type="checkbox"/> hypromellose (ISOPTO TEARS) 0.5% ophthalmic solution apply 1 - 2 drops to eyes every 15 minutes PRN	Dry Eyes
<input checked="" type="checkbox"/> ophthalmic lubricant ointment (AKWA TEARS) apply ¼ inch ribbon to eyes every 15 minutes PRN	
<input checked="" type="checkbox"/> saline nasal spray (OCEAN) PRN	Dry Nose
<input checked="" type="checkbox"/> saliva substitute (MOI-STIR) spray PRN	Dry Mouth
<input checked="" type="checkbox"/> lidocaine (URO-JET) 2% jelly apply PRN	Catheter Placement Pain

See opioid guidelines on reverse

<p><b>Bolus Orders:</b></p> <p><input type="checkbox"/> morphine 2 - 10 mg IV/ subcutaneously every 1 hour PRN pain, respiratory rate greater than 20, increased respiratory effort or distress</p> <p><input type="checkbox"/> morphine 5 - 30 mg PO/ SL every 1 hour PRN pain, respiratory rate greater than 20, or increased respiratory effort or distress</p> <p>Continue assessment every 1 hour until respiratory rate less than 20 and patient is comfortable. Administer last effective bolus every 1 hour PRN signs of discomfort up to 10 mg IV/ subcutaneously or 30 mg PO/ SL every 1 hour PRN.</p> <p><b>Notify physician if:</b></p> <ul style="list-style-type: none"> <li>▪ Patient requires greater than 3 doses in 4 hours</li> <li>▪ Pain unrelieved after 2 hours</li> <li>▪ Pain persists after a single 10 mg IV bolus/ subcutaneous dose or 30 mg PO/ SL dose</li> </ul>	Mild to Severe Pain (1-10)
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<p><b>Infusion Orders:</b> morphine recommended unless patient allergic or contraindicated</p> <p><input type="checkbox"/> morphine      <input type="checkbox"/> HYDROMORPHONE (DILAUDID)</p> <p>Initial Bolus Dose: _____ mg at start of infusion IV X 1</p> <p>Bolus Dose: _____ mg IV every _____ hour(s) for a total of _____ doses. Do not hold</p> <p>Continuous infusion starting at _____ mg per hour. Begin titration now as per below</p>	Mild to Severe Pain (1-10)
<p><input type="checkbox"/> fentaNYL</p> <p>Initial Bolus Dose: _____ mcg at start of infusion IV X 1</p> <p>Bolus Dose: _____ mcg IV every _____ hour(s) for a total of _____ doses. Do not hold</p> <p>Continuous infusion starting at _____ mcg per hour. Begin titration now as per below</p>	

PAIN/ RESP LEVEL	ASSESS EVERY	INTERVENTIONS/ DOSE TITRATION
1 - 2 or Resp rate > 20	2 hours	Maintain infusion dose: breakthrough bolus dose ½ of current hourly infusion rate every 30 minutes PRN. If greater than 2 breakthrough bolus doses required in 4 hours, increase infusion rate by 25 - 50%
3 - 5 or Resp rate > 22	30 minutes	Give breakthrough bolus dose equal to ½ of current hourly infusion rate every 10 - 30 minutes X 2 PRN. If pain greater than 3 or respiratory rate remains greater than 22 after 1 hour, give same breakthrough bolus dose and increase infusion rate by 25 - 100%
6 - 10 or Resp rate > 24	10 - 15 minutes	Give breakthrough bolus dose equal to ½ of current hourly infusion rate every 10 - 15 minutes X 2 PRN. If pain greater than 6 or respiratory rate remains greater than 24 after 30 minutes, give same breakthrough bolus dose and increase infusion rate by 50 - 100%. Notify physician in 2 hours after rate increase if severe pain continues.

**Pain assessment and titration instructions:**

Document hourly infusion rate and total dose of opioid given each shift

Document pain status and patient response at every assessment point (minimum of every 4 hours and/ or one hour after each intervention)

Notify physician if continuous infusion rate doubles in 24 hours

Other: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



## Guidelines for Opioid Infusion

If the patient has been on the comfort care bolus dosing and is now requiring a continuous infusion, use the chart below as a guideline for choosing a starting infusion rate:

Total morphine bolus dose given in a 4 hour period	Infusion rate for morphine IV infusion
4 - 8 mg	1 mg/ hour
> 8 - 16 mg	2 mg/ hour
> 16 mg	4 mg/ hour

If patient is currently on oral opioids and is no longer appropriate for oral intake, calculate an equianalgesic dose of current opioids, then convert to an equianalgesic basal rate.

### OPIOID ANALGESIC EQUIVALENCES \*

Opioid	IV/ SubQ/ IM ** (mg)	PO/ Rectal (mg)	Ratio IV:PO	Duration of Effect
morphine	10	30	1:3	4 hours
morphine sustained release (MS CONTIN)		30		12 hours
HYDROcodone (VICODIN, NORCO)		30		4 hours
oxyCODONE		20		4 hours
oxyCODONE sustained release (OXYCONTIN)		20		12 hours
HYDROmorphine (DILAUDID)	1.5	7.5	1:5	4 hours
fentaNYL	0.1 (100 mcg)			1 – 2 hours

\* If converting between opioids when pain is well controlled, decrease the dose of the new opioid by 25 - 50% to allow for incomplete cross-tolerance. Be prepared to titrate up rapidly for analgesia in the first 24 hours. If pain is not controlled, you may choose not to decrease the dose.

\* If the current oral opioid dose is ineffective, dose escalate the basal dose by 25 - 100%

\*\* Intramuscular administration is discouraged because subcutaneous administration is as effective and less painful

i.e. a patient on 90 mg PO BID of MS CONTIN = 180 mg oral morphine daily = 60 mg IV morphine/ 24 hours = 2.5 mg/ hour infusion basal rate

Because it takes 6 - 9 hours for a steady-state to be reached when starting an infusion, it's recommended that loading dose be 100 - 150% of the hourly rate X 1, or a series of 2 - 3 bolus doses every 2 hours at 50 - 100% of the hourly rate.

The above guidelines should be considered a rough guide. Differences in age, renal function, and past responses to opioids must be considered when choosing the most appropriate treatment plan.

Once you choose the appropriate basal rate and any necessary loading doses, the titration orders that accompany the infusion will direct for appropriate ongoing bolus dosing and increase in drip rate for uncontrolled symptoms.

The palliative care service is available for consultative assistance by calling (425) 635-6393 during normal business hours. During non-business hours, the pharmacist can also assist you with dose calculations.