3-Hole 1/4 1 3/8 c-to-c

Staple

Hilo Medical Center
We Care for Our Community

COMFORT CARE ORDERS

☐ Ka'u ☐ Hale Ho'ola Hamakua

DATE: _____

DIAGNOSIS: _____

Anticipate natural death; private room with open visiting if possible	**VITAL SIGNS** ☐ Discontinue Other: _____	**ACTIVITY** ☐ As described by the patient ☐ Bedrest	**OXYGEN** ☐ Discontinue oxygen saturation ☐ Oxygen at _____ liters per minute nasal cannula Other: _____	**TUBES** ☐ Discontinue nasogastric tube ☐ Discontinue foley Other: _____
DIET ☐ No restriction ☐ Nothing by mouth ☐ Discontinue feeding tube Other: _____	**INTAKE & OUTPUT** ☐ Discontinue Other: _____	**WEIGHT** ☐ Discontinue Other: _____	**LABS** ☐ Discontinue all lab work ☐ Discontinue accuchecks Other: _____	**SUCTION** ☐ prn for secretions

REFERRALS ☐ Hospice ☐ Social Services
☐ Chaplain
Other: _____

INTRAVENOUS THERAPY
☐ Discontinue ☐ Saline Lock ☐ May use Dialysis cath for intravenous meds/ fluids
☐ Intravenous fluid at TKO: _____
Other: _____

MEDICATIONS: **See reverse side for dosing guidelines.**
Call physician if symptoms continue despite treatment
☐ **Discontinue all previous medication orders except:**
_____
_____

PAIN:
☐ Infusion of analgesia - SEE PCA FORM
☐ Long acting (see drug reference guide on reverse side)
☐ Breakthrough Pain
_____
_____
_____
_____

NAUSEA/VOMITING: (check med & circle route)
☐ Metoclopramide _____ mg by mouth, intravenous every 4 hours
☐ Prochlorperazine _____ mg by mouth, intravenous every 4 hours
☐ Prochlorperazine _____ mg per rectum every 8 hours

ANXIETY & INSOMNIA (check med and circle route)
☐ Lorazepam _____ mg by mouth / intravenous every _____ hours for anxiety prn
☐ Temazepam _____ mg by mouth at night for insomnia prn
☐ Clonazepam _____ mg by mouth every _____ hour for anxiety / myoclonus prn

CONFUSION & AGITATION (check med & circle route)
☐ Haloperidol _____ mg by mouth / subcutaneous / intravenous every _____ hours prn

DEPRESSION:
☐ Start Paroxetine _____ mg by mouth daily
☐ Other: _____

CONSTIPATION
☐ Senokot _____ tabs by mouth twice daily
☐ Lactulose 30 milliliters by mouth every 12 hours
☐ Fleets enema if no stool after 3 days
Other: _____

DIARRHEA
☐ Loperamide 4 mg by mouth every 4 hours prn
Other: _____

DYSPNEA (check med & circle route) ☐ Respiratory therapy consult
☐ Morphine Sulfate _____ mg intravenous / subcutaneous / nebulizer every 4 hours prn or every _____ hours prn
☐ Dexamethasone 16 mg by mouth / intravenous once, THEN 4 mg every 6 hours
☐ Albuterol 2.5 mg via Nebulizer every 4 hours if wheezing prn
Other: _____

COUGH (order medication of choice)
☐ Guaifenesin-DM 5-10 ml every 4 hours prn cough
☐ Guaifenesin with codeine 5-10 ml every 4 hours prn cough
Other: _____

SECRETIONS (NOISY RESPIRATIONS)
☐ Scopolamine patch 1.5 mg topical every 3 days
Other: _____

FEVER GREATER THAN 101 FAHRENHEIT (check med & circle route)
☐ Acetaminophen 650 mg by mouth / by rectum every 4 hours

HICCUPS (circle route)
☐ Chlorpromazine _____ mg by mouth / intramuscular injection 3 times a day prn
Other: _____

PRURITUS (check med & circle route)
☐ Diphenhydramine _____ mg by mouth / intravenous every 12 hours
☐ Hydrocortisone 1% cream to affected area every 6 hours
Other: _____

PHYSICIAN SIGNATURE: _____ DATE: _____ TIME: _____

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DRUG PROTOCOL FOR PALLIATIVE SEDATION

Drug Name/Class	Suggested starting dose	Usual Maintenance dose	Drug interactions	Side effects or adverse reaction	Incremental dose for titration	Issues to consider / Incompatibilities
Midazolam (Versed)/ benzodiazepine	Infusion IV or SQ at .05 to 1.5 mg/hour after a loading dose of 1-5 mg	30-100 mg/day	CNS depressant so use cautiously with opiates or other CNS depressants Diltiazem and verapamil increase midazolam levels	Hiccups, decreased respiratory rate nausea and vomiting, variations in blood pressure and pulse rates, paradoxical behavior or excitement	*Hourly maintenance dose should be 25-33% of the required induction dose *Bolus is equal to the hourly rate every two hours *Adjust the maintenance dose every 2 hours based on numbers of rescue doses needed	Drug of choice for "respite sedation" or whenever reversal of sedation is desired. Drug has a short half-life. Drug may be mixed with morphine, Demerol, atropine or scopolamine IV drug is diluted with D5W or normal saline Drug has minimal cardiovascular effects at sedating doses
Lorazepam (Ativan)/ benzodiazepine	Start infusion at 0.5mg/hr 1-4 mg po or buccal q 2-6 hours	4-40 mg/day Start at 1 mg for drug naïve patient	CNS depressants, May increase digoxin levels and risk of toxicity	Paradoxical agitation Hypotension, abdominal discomfort, nausea	Titrate dose in increments of 0.5 - 1 mg q 15 minutes times three SQ or IV push, titrate by 1 mg q 2 hours	For bolus dosing, dilute with equal volume of sterile water for injection, normal saline for injection, or D5W. Give slowly at no more than 2 mg/minute
Morphine	Oral, 20 to 30 mg po q 4 hr; Long-acting, 15 to 90 mg po q 12 hr (MS Contin); Injectable, 10 mg IV q 4 hr	Dose that controls pain, no upper limit	CNS depression potentiated by other CNS depressants	Respiratory depression, nausea, vomiting, constipation	Oral, increase by 10mg increments. Long-acting, increase daily dose by 30 to 60mg divided every 12 hours Injectable, increase by 10mg increments	There is no upper limit for narcotic analgesics. The dose should be titrated to pain relief. Routine use of laxative recommended to avoid constipation.
Oxycodone	Oral, 5mg po every 4 hours; Long-acting, 10-20mg po q 12 hr (OxyContin)	Titrate to pain relief	CNS depression potentiated by other CNS depressants	Respiratory depression, nausea, vomiting, constipation	Oral, increase in 5mg increments. Long-acting, increase daily dose by 20 - 40mg divided every 12 hours	No injectable form. There is no upper limit for narcotic analgesics. The dose should be titrated to pain relief. Routine use of laxative recommended to avoid constipation.
Chlorpromazine (Thorazine) phenothiazine	25-100 mg q 4-12 hours PR 12.5 mg q 4-12 hours or 3-5 mg/hour IV	12.5-50 mg every 4-12 hrs	Anticonvulsants can lower seizure threshold Barbiturates may decrease Phenothiazine effect	May cause hypotension and Extrapyramidal reactions, neuroleptic malignant syndrome, urinary retention	Good choice for patient with mild dementia Additional 25-50 mg in one hour as needed	Drug has no analgesic effect; minimal respiratory effect; Dose dependent vasodilation with resultant reduction in blood pressure. For IV solutions mix drug with D5W, Ringer's injection or normal saline for injection
Haloperidol (Haldol)/ Butyrophene	1-2 mg PO 0.5-1mg Sq or IV For continuous infusion: 1 mg initial dose followed by infusion of 0.5 mg to 1 mg/hr	5 to 15 mg per day	Increase CNS depression when used with other CNS depressants, Antiocholergenics are potentiated when combined with Haldol causing increased anticholinergic effect	May cause extrapyramidal reactions, seizures, neuroleptic malignant syndrome, urinary retention, diaphoresis, N/V	Generally do not exceed 20 mg/day to minimize the risk of neuroleptic malignant syndrome Increase infusion rate by 0.5 mg/hr	Drug is beneficial for patients with dementia

Note: Dose ranges are highly variable, determined by patient weight, renal and hepatic function, state of hydration, concurrent medication use and other variables. Start low and titrate the dose to the desired clinical end point. Doses should be increased by approximately 30% every hour until sedation is achieved. Once the desired sedation is achieved the dose is usually maintained at that long level as long as the patient seems comfortable. Previous doses of opioids and other symptom relieving medications should be continued.