

PCH Medication Standing Orders

Medications listed on standing orders may be used for a maximum of 24 hours. If symptoms persist or the maximum daily dose is reached, contact the prescriber. ■ = Automatically activated. Prescriber: if not in agreement with an order, cross out and initial

FEVER, HEADACHE OR NON-SPECIFIC PAIN					
Fever is defined as: single oral temperature greater than 37.8°C OR repeated oral temperatures of greater than 37.2°C OR rectal temperature greater than 37.5°C OR single temperature greater than a 1.1°C increase over baseline from any site (e.g. oral, tympanic, auxiliary). Warning: Total dose of acetaminophen from all sources shall not exceed 4 g in 24 hours. Contact prescriber if total dose will exceed 3 g in 24 hours.					
■	acetaminophen tablet	325-1000 mg		po	Stat + q4h prn or
■	acetaminophen liquid	325-1000 mg		po	Stat + q4h prn or
■	acetaminophen suppository	325 mg or 650 mg		rectal	Stat + q4h prn
MUSCULOSKELETAL PAIN					
■	triethanolamine salicylate 13.3% (no odour)			topical	QID prn
INDIGESTION/HEARTBURN					
■	Antacid (Mg 200 mg/5 mL and Al hydroxide 200 mg/5 mL) *DO NOT USE for residents on dialysis	15 mL		po	Stat + q2h prn (max 4 doses)
NAUSEA OR VOMITING					
■	dimenhyDRINATE tablet	25 mg (1/2 tablet of 50 mg)		po	Stat + q4h prn or
■	dimenhyDRINATE suppository	25 mg or 50 mg (100 mg supp cut in half lengthwise)		rectal	Stat + q4h prn or
■	dimenhyDRINATE injection	25 mg		IM	Stat + q4h prn
DIARRHEA - 3 or more loose bowel movements. Contact prescriber if severe or persists longer than 24 hours.					
■	Hold laxatives, cathartics, & stool softeners				
VOMITING or DIARRHEA – Contact prescriber if severe or persists longer than 24 hours.					
Oral rehydration solution (ORS): <i>Rule out constipation, and if the resident has a history of bowel obstruction, impaction, ischemic bowel before ORS. Determine if the resident has contraindications (risk of aspiration, CHF, severe abdominal pain, chronic kidney disease). Contact the prescriber if severe abdominal pain.</i>					
Mix 1 sachet in 200 mL of water and give over 30-60 mins. Repeat up to 5 times for a total of 1,000 mL.					
ANAPHYLACTIC SHOCK - Call 911 and obtain the anaphylaxis kit from the medication room. Inform prescriber.					
■	EPINEPHrine 1 mg/mL	0.3 mg (0.3 mL)		IM	Stat and repeat at 5-15 minute intervals to a maximum of 3 doses.
CHEST PAIN					
If chest pain does not resolve or worsens after 3 doses of nitroglycerin, call 911. Provide oxygen to maintain O ₂ saturation of greater than or equal to 90% or their normal baseline. Give ASA and inform prescriber. Also inform prescriber if new onset or unanticipated chest pain based on resident history.					
■	nitroglycerin tablet	0.3 mg (1 tab)		sublingual	Stat and repeat x 2 at 5 minute intervals if required.
■	acetylsalicylic acid (ASA)	160-162 mg (2 x 80 mg or 2 x 81 mg tabs)		chew	Stat if chest pain is unresponsive to 3 doses of nitroglycerin.
RESPIRATORY DISTRESS					
Call prescriber promptly for new or worsening respiratory distress and/or hypoxemia (O ₂ saturation less than 90%). Initiate O ₂ at 1 L/min via nasal cannulae to a maximum of 5 L/min and titrate to maintain O ₂ sat greater than 90% or their normal baseline.					
■	salbutamol inhaler 100 mcg/dose	2 puffs		inhaled	Stat & contact prescriber
CONSTIPATION *The number of days is a guideline and is dependent on a resident's usual bowel habits and symptoms.					
■	Dietary measures (e.g. prune juice 120 mL po daily prn, fruitlax 25 g po daily prn)				
If no bowel movement on day 2 , perform abdominal assessment					
■	Increase fluid intake and give the following:		sennosides 8.6 mg	2 tabs	po HS
If no bowel movement on day 3 , perform abdominal assessment and rectal check					
■	If stool is hard , give the following:		glycerin suppository	1 supp	rectal Stat
■	If stool is soft , give the following:		bisacodyl suppository	10 mg	rectal Stat
If suppository is not effective after 2 hours, contact prescriber.					
■	If there is no stool in the rectum, give:		polyethylene glycol (PEG) 17 g <u>or</u> lactulose 15-30 mL	po	Stat

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MILD ALLERGIC REACTION					
■	cetirizine	5-10 mg	po	Stat x 1 dose	
COUGH SUPPRESSANT					
■	dextromethorphan syrup 15 mg/5mL	15-30 mg	po	q6h prn	
CERUMEN MANAGEMENT					
Do not administer if there is a history of ear infections, perforations, otologic surgery or if the status of the tympanic membrane is unknown.					
■	mineral oil	2-3 drops	Instill into affected ear canal	Daily at bedtime for 5-7 days. May repeat x 1	
If softening with mineral oil is not effective for removing cerumen and no contraindications present:					
■	A nurse with training may perform ear irrigation. If irrigation is not effective in the removal of the cerumen after 2 attempts, consult prescriber.				
HYPOGLYCEMIA					
If resident is unresponsive, call 911. If blood glucose is less than 4 mmol/L and resident is responsive give:					
■	glucose 4 g	5 tablets (20 g of glucose)	Crush and dissolve in 30 mL water (thicken if required)	po	Stat
Recheck blood glucose in 15 minutes and if still less than 4 mmol/L and resident is responsive give:					
■	glucose 4 g	4 tablets (16 g of glucose)	Crush and dissolve in 30 mL water (thicken if required)	po	Stat
Call prescriber prior to the next scheduled dose of diabetes medications to discuss any changes to blood glucose monitoring and/or medication.					
SERUM CREATININE					
Every 12 months prior to respiratory season for antiviral dosing calculation unless there is a serum creatinine from the last 3 months in the resident's health record or eChart.					
INFLUENZA OUTBREAK PROPHYLAXIS					
If outbreak declared <i>and</i> prophylactic use of oseltamivir is approved by PCH Medical Director or Medical Officer of Health, <i>and</i> resident is asymptomatic, give prophylaxis (as per the table below) for 10 days or until the outbreak is determined to be over, whichever occurs first.					
■	CrCl greater than 60 mL/min	oseltamivir	75 mg	po	daily
■	CrCl greater than 30 up to 60 mL/min	oseltamivir	30 mg	po	daily
■	CrCl 10-30 mL/min	oseltamivir	30 mg	po	every other day
■	CrCl less than 10 mL/min or dialysis – Consult the Manitoba Renal Program or Infectious Diseases				
VACCINATIONS – Review resident's immunization record from Public Health, PHIMS, or eChart on admission and then annually in August to identify eligibility for the vaccinations listed below.					
■	Influenza vaccine	As per Manitoba's Immunization Program Eligibility Criteria for Publicly-Funded Vaccines and with informed consent from the resident or substitute decision maker.			
■	COVID-19 vaccine				
■	Pneumococcal vaccine				
■	Respiratory syncytial virus (RSV) vaccine				

Prescriber Signature	Printed Name and Designation																														
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Standing orders are reviewed and signed for annually.

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