

Palliative Care Standard Orders

These orders are to be used as a guideline and do not replace sound clinical judgment and professional standards. Patient allergies, drug contraindications and drug interactions must be considered when completing the orders.

- Automatically activated (if not in agreement, cross out and initial)
 Activated by checking the box

Drug allergies: No Known Allergies No Yes, describe:

Date:

Time:

Weight (kg)

Medication Orders

General Orders

Analgesic

- Acetaminophen 650 mg po or PR q4h PRN (Maximum 4000 mg/day)
- Scheduled Opioid (Specify drug, dose, route and frequency)
 - Morphine ____ mg/route ____ /freq. _____
 - HYDROMORPHONE ____ mg/route ____ /freq. _____
 - Other _____ mg/route ____ /freq. _____
- PRN for breakthrough pain (Specify drug, dose, route and frequency)
 - Morphine ____ mg/route ____ /freq. _____
 - HYDROMORPHONE ____ mg/route ____ /freq. _____
 - Other _____
- Fentanyl sublingually/intranasal 25 – 50 mcg every 15 minutes as needed up to 3 times per hour for incident pain

Antinauseant

- Metoclopramide 10 mg po/subcut q4h PRN (po/subcut dose is the same)
- Haloperidol 0.5 mg po/subcut q4h PRN (po/subcut dose is the same)
- Ondansetron 4 mg po/Subcut/IV q4h PRN

Notes: Avoid the use of metoclopramide in cases of bowel obstruction. Avoid combining dopamine blockers (such as metoclopramide and haloperidol).

Dyspnea/Cough

- The same opioid breakthrough dose ordered for pain may be used for dyspnea
- Oxygen 2 - 3 liters/minute by nasal prongs if SpO_2 is less than 90%, titrate to comfort of the patient

Notify the Regional Palliative Care Program; send referral if not registered

Notify Home Care if the patient is currently receiving Home Care services

Reconcile and review all active orders

Vital Signs:

PRN

Other: _____

Laboratory & Investigations

Capillary blood glucose at 1500h once weekly if on steroids (notify physician if over 20 mmol/L)

CBC

Na, K, Creatinine, Albumin, Calcium

Liver Function Tests (specify which): _____

Palliative Care Standard Orders

Medication Orders	General Orders
<p>Others:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Eye lubricant PRN for dry eyes <input checked="" type="checkbox"/> Moi-Stir spray PRN for dry mouth <input type="checkbox"/> Nystatin 500 000 units swish and swallow QID for seven days for oral thrush <p>Anxiety</p> <ul style="list-style-type: none"> <input type="checkbox"/> LORazepam 0.5 to 1 mg q4h po/Sublingual PRN 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Edmonton Symptom Assessment System Revised (ESAS-r) weekly and as needed <input checked="" type="checkbox"/> Palliative Performance Scale (PPS) weekly and as needed
<p>Constipation</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Polyethylene glycol (PEG) 3350 8.5 – 17g po daily PRN <input type="checkbox"/> Lactulose 15 – 30 mL po daily PRN <input type="checkbox"/> Sennosides 8.6 mg 1 – 2 tablets once – twice po daily PRN <input type="checkbox"/> Glycerin 1 supp + Bisacodyl 10mg sup PRN q3days if no BM <p>Notes: Avoid all propulsive agents in cases of bowel obstruction.</p> <p>Delirium</p> <ul style="list-style-type: none"> <input type="checkbox"/> Methotrimeprazine _____ mg po/subcut q4h PRN (po/subcut dose is the same) (usual dose is 5 – 25 mg, dose for oral/subcut is the same) <input type="checkbox"/> Haloperidol _____ mg po/subcut q4h PRN (usual dose is 1 mg – 5 mg, dose for oral/subcut is the same; doses greater than 30 mg/day are in general not recommended) <p>Notes: <i>These medications are not consistently effective. Benzodiazepines tend to exacerbate delirium and should be avoided. A common cause of delirium is opioid toxicity. Consider rotating the opioids. Delirium can be very challenging to manage; consider consulting a palliative care physician.</i></p> <p>Upper Respiratory Secretions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Glycopyrrolate 0.2 – 0.4 mg subcut q3h PRN <input type="checkbox"/> Scopolamine 0.3 – 0.6 mg subcut q4h PRN <p>Notes: <i>Anticholinergic medications like glycopyrrolate may be helpful in select cases. In the past these were prescribed. However, evidence is lacking and they have significant side effects, such as sedation or worsening delirium. Their routine use is discouraged.</i></p>	
PRESCRIBER'S SIGNATURE: _____ PRINTED NAME: _____ Date _____ Time _____	
Order Transcribed Date: _____ Time: _____ Init _____	FAX/SCAN TO PHARMACY Date: _____ Time: _____ Init _____