



Physician Orders ADULT: Palliative Care Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: Palliative Care Phase, When to Initiate: _____

Palliative Care Phase

Admission/Transfer/Discharge

- ☐ Patient Status Initial Inpatient
T;N Admitting Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Care Team: _____ Anticipated LOS: 2 midnights or more
- ☐ Patient Status Initial Outpatient
T;N, Attending Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Outpatient Status/Service: OP OBSERVATION
- ☐ Notify Physician-Once
Notify For: of room number on arrival to unit

Vital Signs

- ☐ Nursing Communication
Do not perform vital signs
- ☐ Vital Signs
Monitor and Record T,P,R,BP, QDay
- ☐ Vital Signs
Monitor and Record T,P,R,BP, q-shift

Activity

- ☐ Activity As Tolerated
Up As Tolerated
- ☐ Bedrest w/BRP
- ☐ Bedrest
Routine

Food/Nutrition

- ☐ Regular Adult Diet
- ☐ Mechanical Soft Diet
- ☐ Pureed Diet
- ☐ Force Fluids
Offer fluids
- ☐ Tube Feeding Bolus Plan(SUB)*
- ☐ Tube Feeding Continuous/Int Plan(SUB)*
- ☐ Additives/Fortifiers
Product: Thickening Agent (Nectar), Nectar Consistent Liquids
- ☐ Additives/Fortifiers
Product: Thickening Agent (Honey), Honey Consistent Liquids

Patient Care

- ☐ Code Status
- ☐ Central Line May Use
Routine
- ☐ Central Line Care





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- Routine, q Wednesday. Change dressing PRN to maintain sterility*
- ☐ Mouth Care
q4h
 - ☐ Nursing Communication
Prune juice 4 ounces QAM if no BM the previous two days.
 - ☐ Nursing Communication
Prune juice 4 ounces QAM
 - ☐ Enema is contraindicated if patient is thrombocytopenic (platelets less than 150,000) (NOTE)*
 - ☐ Enema
saline enema, if no BM in previous 2 days

Nursing Communication

- ☐ Nursing Communication
No rectal examine or medications given rectally.
- ☐ Nursing Communication
Hold sedative medication if respiratory rate less than 10.
- ☐ Nursing Communication
Peg Tube Feeding Only

Continuous Infusion

- ☐ Sodium Chloride 0.9%
1,000 mL, IV, Routine, mL/hr
- ☐ Amino Acids 4.25% with 10% Dextrose with Electrolytes
1,000 mL, IV, 75 mL/hr
- ☐ Amino Acids 4.25% with 10% Dextrose
1,000 mL, IV, 75 mL/hr
- ☐ B.A.D. PCA Pump for Palliative Care (IVS)*
NS diluent for B.A.D. PCA Pump
PCA Dose: 0 mL, min, mL, IV, Routine, Total Volume 30
diphenhydRAMINE (additive)
150 mg, 3 mL
LORazepam (additive)
4 mg, 2 mL
dexamethasone (additive)
4 mg, 0.4 mL
- ☐ PCA - MorPHINE Protocol Plan (Adult)(SUB)*
- ☐ PCA - HYDROmorphine Protocol Plan (Adult)(SUB)*
In addition to this Plan, please use the "Maximally Concentrated Adult PCA Orders - Morphine" if needed for this patient(NOTE)*
In addition to this Plan, please use the "Maximally Concentrated Adult PCA Orders - HYDROmorphine" if needed for this patient (NOTE)*

Medications

Bowel Regimens

- ☐ **+1 Hours** docusate-senna 50 mg-8.6 mg oral tablet
2 tab, Tab, PO, bid, Routine
- ☐ **+1 Hours** docusate
100 mg, Cap, PO, bid, Routine
- ☐ **+1 Hours** senna
17.2 mg, Tab, PO, qam, Routine
- ☐ **+1 Hours** Milk of Magnesia
30 mL, PO, QDay, PRN Constipation, Routine





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Comments: per Laxative of Choice Protocol, offer first

- ☐ **+1 Hours** bisacodyl
10 mg, DR Tablet, PO, once
- ☐ **+1 Hours** bisacodyl
10 mg, Supp, PR, once
Enema is contraindicated if patient is thrombocytopenic (platelets less than 150,000) or if blood is present on rectal exam.(NOTE)*
- ☐ **+1 Hours** sodium biphosphate-sodium phosphate
133 mL, Enema, PR, QDay, PRN Constipation, Routine, 133 mL = Greater than 11 years
Comments: PRN if no bowel movement the 3rd day
- ☐ **+1 Hours** polyethylene glycol 3350
17 g, Powder, PO, QDay, PRN Constipation, Routine, If no bowel movement by the 4th day
Comments: Dissolve in 8 ounces of water.
- ☐ **+1 Hours** methylaltrexone
 - ☐ 8 mg, Injection, Subcutaneous, QODay, PRN Constipation, Routine [38 - 62 kg] (DEF)*
Comments: CrCl < 30 mL/min, the dose should be reduced by one-half. Dosing should not exceed one injection in 24 hours.
 - ☐ 0.15 mg/kg, Injection, Subcutaneous, QODay, PRN Constipation, Routine [Less Than 38 kg]
Comments: CrCl < 30 mL/min, the dose should be reduced by one-half. Dosing should not exceed one injection in 24 hours.
 - ☐ 0.15 mg/kg, Injection, Subcutaneous, QODay, PRN Constipation, Routine [Greater Than or Equal To 114 kg]
Comments: CrCl < 30 mL/min, the dose should be reduced by one-half. Dosing should not exceed one injection in 24 hours.
 - ☐ 12 mg, Injection, Subcutaneous, QODay, PRN Constipation, Routine [62 - 114 kg]
Comments: CrCl < 30 mL/min, the dose should be reduced by one-half. Dosing should not exceed one injection in 24 hours.

Medications for Mild Pain

Select one below for Mild Pain (NOTE)*

- ☐ **+1 Hours** acetaminophen
650 mg, Tab, PO, q6h, PRN Pain, Mild (1-3), Routine
Comments: (max: 4 grams acetaminophen in 24 hrs)
- ☐ **+1 Hours** ibuprofen
400 mg, Tab, PO, q6h, PRN Pain, Mild (1-3), Routine
- ☐ **+1 Hours** naproxen
750 mg, Tab, PO, once

Medications for Moderate Pain

Select one below for Moderate Pain (NOTE)*

- ☐ **+1 Hours** oxyCODONE
5 mg, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine

Medications for Severe Pain - Scheduled

A scheduled medication should be selected for patients undergoing chronic or continual pain.(NOTE)*

- ☐ **+1 Hours** morPHINE extended release (MS Contin)
15 mg, ER Tablet, PO, q12h, Routine
- ☒ **+1 Hours** oxyCODONE extended release
10 mg, ER Tablet, PO, q12h, Routine
- ☐ **+1 Hours** fentaNYL 25 mcg/hr transdermal film, extended release





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- ☐ 1 patch, Patch, TD, q72h
- ☐ +1 Hours methadone
5 mg, Tab, PO, q12h, Routine

Medications for Severe Pain - PRN

Select one below for Severe Pain.(NOTE)*

- ☐ +1 Hours morphine
15 mg, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine
- ☐ +1 Hours morphine
20 mg, Oral Soln, PO, q4h, PRN Pain, Severe (8-10), Routine
- ☐ +1 Hours morphine 20 mg/mL oral concentrate
20 mg, Conc, SL, q4h, PRN Pain, Severe (8-10), Routine
- ☐ +1 Hours morphine
2 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine
- ☐ +1 Hours HYDROMorphone
2 mg, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine
- ☐ +1 Hours HYDROMorphone
2 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine

Neuropathic Pain

- ☐ +1 Hours nortriptyline
25 mg, Tab, PO, hs, Routine
- ☐ +1 Hours gabapentin
300 mg, Cap, PO, tid, Routine
- ☐ +1 Hours pregabalin
50 mg, Cap, PO, hs, Routine
- ☐ +1 Hours DULoxetine
30 mg, Cap, PO, hs, Routine

Anti-Anxiety

For anxiety Choose one order below:(NOTE)*

- ☐ +1 Hours LORazepam
1 mg, Tab, PO, q8h, PRN Anxiety, Routine
- ☐ +1 Hours LORazepam
1 mg, Injection, IV Push, q8h, PRN Anxiety, Routine
- ☐ +1 Hours ALPRAZolam
0.5 mg, Tab, PO, q8h, PRN Anxiety, Routine
- ☐ +1 Hours OLANzapine
5 mg, DIS Tablet, PO, QDay, PRN Anxiety, Routine
- ☐ +1 Hours haloperidol
5 mg, Injection, IM, q4h, PRN Agitation, Routine

Anti-Emetics

For nausea/vomiting choose up to ONE PO and ONE IV order below:(NOTE)*

- ☒ +1 Hours promethazine
12.5 mg, Tab, PO, q4h, PRN Nausea/Vomiting, Routine
- ☒ +1 Hours promethazine
12.5 mg, Injection, IV Push, q4h, PRN Nausea/Vomiting, Routine, If patient unable to take PO.
Comments: IV should absolutely NOT be infused into a hand or wrist vein. Dilute with normal saline to achieve a final volume of 10 mL.
- ☐ +1 Hours prochlorperazine
5 mg, Tab, PO, q4h, PRN Nausea/Vomiting, Routine
- ☐ +1 Hours prochlorperazine





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5 mg, Injection, IV Push, q4h, PRN Nausea/Vomiting, Routine, If patient unable to take PO.

- ☒ **+1 Hours** ondansetron
4 mg, Orally Disintegrating Tab, PO, q6h, PRN Nausea/Vomiting
- ☒ **+1 Hours** ondansetron
4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine, If patient unable to take PO.

Insomnia

For insomnia choose ONE order below:(NOTE)*

- ☐ **+1 Hours** QUETiapine
25 mg, Tab, PO, hs, PRN Other, specify in Comment, Routine
Comments: Insomnia/Anxiety
- ☐ **+1 Hours** temazepam
7.5 mg, Cap, PO, hs, PRN Insomnia, Routine
Comments: may repeat x1 in 1 hour if ineffective
- ☐ **+1 Hours** zolpidem
5 mg, Tab, PO, hs, PRN Insomnia, Routine
Comments: may repeat x1 in 1 hour if ineffective

Other Medications

- ☒ dexamethasone
4 mg, Tab, PO, bid, Routine
- ☒ famotidine
20 mg, Tab, PO, q12h, Routine
Comments: Reduce frequency to q24h for CrCl less than 50 mL/min.
- ☐ famotidine
20 mg, Injection, IV Push, q12h, Routine, If patient unable to take PO
Comments: Reduce frequency to q24h for CrCl less than 50 mL/min.
- ☒ **+1 Hours** Al hydroxide/Mg hydroxide/simethicone
10 mL, Oral Susp, PO, q6h, PRN Indigestion, Routine
- ☒ guaifenesin
10 mL, Liq, PO, q6h, Routine
- ☐ guaifenesin
10 mL, Liq, PO, q6h, PRN Cough, Routine
- ☐ scopolamine
1.5 mg, Patch, TD, q3Day, Routine
- ☐ glycopyrrolate
0.4 mg, Injection, Subcutaneous, q4h, PRN excess secretions, Routine

Consults/Notifications/Referrals

- ☒ Notify Physician-Continuing
Notify For: If sedative medication held for respiratory rate less than 10.
- ☐ Consult MD Group
Reason for Consult: _____ Group: _____

Date

Time

Physician's Signature

MD Number

***Report Legend:**

DEF - This order sentence is the default for the selected order





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GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

