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 methylnaltrexone
   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

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