



Ed's House
Northumberland Hospice Care Centre
Phone: 855-473-8875 Fax: 289-252-0676

Palliative Care Order Set

Admit to: _____

Diagnosis: _____

DNR

Nurse may pronounce, if death occurs after 9pm notify MD of death in the morning

Precautions

Active respiratory infection Other: _____

Known positive for: MRSA VRE C. difficile

Activity

AAT Other: _____

Diet

DAT Other: _____

Discontinue PO meds if loss of swallow

Respiratory

Oxygen PRN for comfort by np or mask

Lines

Foley catheter PRN for comfort

Start subQ set PRN

Bowel Protocol

senna 17.2mg PO QHS routine if on opioids, mitte: 14 tabs, repeat: 3

lactulose 30mL PO daily PRN if no BM x 24hr, mitte: 250mL, repeat: 3

bisacodyl 10mg supp PR daily PRN if no BM x 72hr, mitte: 1 supp, repeat: 1

Fleet® enema 130mL PR daily PRN if no BM x 72 hr, mitte: 1 enema, repeat: 1

Practitioner Name: _____

Date: _____

Signature: _____

page 1/2



Palliative Care Order Set

PRNs (if NOT covered by current home meds)

Pain Management

hydromorphone IR ____ mg **PO** q1h PRN, mitte: _____

hydromorphone ____ mg **subQ** q20mins PRN, mitte: _____

For CADD pump, use Bayshore CADD pump order form

Anxiety/Agitation

lorazepam 1-2mg SL q4h PRN, mitte: 10 x 1mg tab, repeat: 1

midazolam 2-5mg subQ q1h PRN, mitte: 1 x 10mg vial, repeat: 1

methotrimeprazine 6.25mg-12.5mg **PO** q4h PRN, mitte: 4 x 25mg tab, repeat: 1

methotrimeprazine 6.25mg-12.5mg **subQ** q4h PRN, mitte: 4 x 25mg vial, repeat: 1

For continuous infusion, use Bayshore CADD pump order form

Nausea

metoclopramide 5-10mg **PO** QID PRN, mitte: 20 x 5mg tab, repeat: 1

metoclopramide 5-10mg **subQ** QID PRN, mitte: 10 x 5mg vial, repeat: 1

haloperidol 0.5-2mg **PO** BID PRN, mitte: 10 x 1mg tab, repeat: 1

haloperidol 0.5-2mg **subQ** BID PRN, mitte: 2 x 5mg vial, repeat: 1

Excessive Respiratory Secretions

scopolamine 1.5mg transdermal patch q72h - initiate PRN, mitte: 1 patch, repeat: 1

scopolamine 0.6mg subQ q1h PRN, mitte: 5 x 0.6mg vial, repeat: 1

Additional Orders

Practitioner Name: _____

Date: _____

Signature: _____

page 2/2