

<p>UMC Health System</p> <p>ADMIT INPATIENT GIP HOSPICE PLAN EKM - Phase: Admit Inpatient GIP Hospice Plan</p>	<p>Patient Label Here</p>
PHYSICIAN ORDERS	
Diagnosis _____	
Weight _____	Allergies _____
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.	
ORDER	ORDER DETAILS
	Admit/Discharge/Transfer
	Admit to Inpatient Hospice GIP
	Patient Care
	Hospice Agencies
	Communication
	Code Status <input type="checkbox"/> Code Status: Full Code <input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death) <input type="checkbox"/> Code Status: Directive to Physician
	BUILD NOTE: Admit phase will only display for encounter types of Inpatient, Observation, OP Emergency Center and OP EMS. The other phase will flex out and not be visible to end users.
	...Additional Orders

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Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

ADMIT INPATIENT GIP HOSPICE PLAN EKM
- Phase: Pre-Admit Inpatient GIP Hospice
Plan

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Admit/Discharge/Transfer

Admit to Inpatient Hospice GIP

Patient Care

Hospice Agencies

Communication

Code Status

Code Status: Full Code

Code Status: DNR/AND (Allow Natural Death)

Code Status: Directive to Physician

BUILD NOTE: Pre-Admit phase will only display for encounter types of Pre-Admit Inpatient, OPANC and OPCLIN The other phase will flex out and not be visible to end users.

...Additional Orders

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ADMIT INPATIENT GIP HOSPICE PLAN EKM
- Phase: COMFORT CARE PLAN

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
Patient Care	
	Vital Signs <input type="checkbox"/> Per Unit Standards <input type="checkbox"/> q12h <input type="checkbox"/> q12h, Temperature Only - Every Shift and PRN
	Patient Activity <input type="checkbox"/> Assist as Needed, Bed Position: As Tolerated, elevate to patient comfort. Turn as tolerated to improve patient comfort.
	Perform Oral Care <input type="checkbox"/> q2h
	Insert Urinary Catheter <input type="checkbox"/> Foley, To: Dependent Drainage Bag
	Urinary Catheter Care
	Discontinue Gastric Tube
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> If patient has implanted defibrillator (AICD), insure that it is deactivated prior to extubation.
	Lanolin Topical Cream <input type="checkbox"/> T;N, To: Lips, PRN, 1 app, topical, cream, As Needed, PRN, lip care
Communication	
	Comfort Measures Only Perform Merge View to review and modify an existing Code Status order, if indicated. Otherwise place a Code Status order below. Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> End of Life (regardless of diagnosis) 5 visitors of any age allowed in room
	Notify Nurse (DO NOT USE FOR MEDS)
Dietary	
	Family May Bring in Food
	Oral Diet <input type="checkbox"/> Full Liquid Diet <input type="checkbox"/> Pureed Diet <input type="checkbox"/> Fiber Restricted Diet <input type="checkbox"/> Regular Diet
IV Solutions	
	Discontinue all IV fluids. Perform Merge View to Review Active IV fluids to be Discontinued
Medications	
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
Pain Management	
	Pain/Dyspnea Management: Use opioids for pain, air hunger, dyspnea, increased work of breathing as evidenced by respiratory rate greater than 25, increased use of accessory muscles, moaning, grimacing, or furrowed brow.

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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p>fentaNYL</p> <p><input type="checkbox"/> 25 mcg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute</p> <p><input type="checkbox"/> 50 mcg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute</p> <p><input type="checkbox"/> 25 mcg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute</p> <p><input type="checkbox"/> 50 mcg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute</p>
	<p>fentaNYL 1000 mcg/100 mL NS - Titratable</p> <p><input type="checkbox"/> IV, Max titration: 25 mcg/hr every 10 mins, Max dose: 200 mcg/hr, Primary titration goal: N/A - See alternative goal, Alternative goal: Patient comfort and respiratory rate less than or equal to 25 breaths per minute. Fentanyl maximum dose of 200 mcg/hr, if patient continues to display evidence of pain and/or discomfort notify ordering providers for additional orders. Final concentration = 10 mcg/mL.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/hr</p>
	<p>fentaNYL 1000 mcg/100 mL NS - Fixed Rate</p> <p><input type="checkbox"/> IV, Do Not Titrate Final concentration = 10 mcg/mL. Physician order REQUIRED for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/hr</p>
	<p>morphine</p> <p><input type="checkbox"/> 1 mg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute.</p> <p><input type="checkbox"/> 1 mg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute.</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute.</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute.</p> <p><input type="checkbox"/> 3 mg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute.</p> <p><input type="checkbox"/> 3 mg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute.</p> <p><input type="checkbox"/> 4 mg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute.</p> <p><input type="checkbox"/> 4 mg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute.</p> <p><input type="checkbox"/> 5 mg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute.</p> <p><input type="checkbox"/> 5 mg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute.</p>
	<p>morphine 100 mg/100 mL NS - Titratable</p> <p><input type="checkbox"/> IV, Max titration: 1 mg/hr every 30 mins, Max dose: 8 mg/hr, Primary titration goal: N/A - See alternative goal, Alternative goal: Patient comfort and respiratory rate less than 25 breaths per minute. Final concentration = 1 mg/mL.</p> <p><input type="checkbox"/> Start at rate: _____ mg/hr</p>

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ORDER	ORDER DETAILS
	<p>morphine 100 mg/100 mL NS - Fixed Rate <input type="checkbox"/> IV, Do Not Titrate Final concentration = 1 mg/mL (1,000 mcg/mL). Physician order REQUIRED for ALL rate changes. <input type="checkbox"/> Start at rate: _____ mg/hr</p>
	<p>HYDROMorphine <input type="checkbox"/> 0.2 mg, IVPush, inj, q15min, PRN other, x 3 dose PRN discomfort or respiratory rate greater than 25 breaths per minute. <input type="checkbox"/> 0.2 mg, IVPush, inj, q30min, PRN other, x 3 dose PRN discomfort or respiratory rate greater than 25 breaths per minute. <input type="checkbox"/> 0.5 mg, IVPush, inj, q15min, PRN other, x 3 dose PRN discomfort or respiratory rate greater than 25 breaths per minute. <input type="checkbox"/> 0.5 mg, IVPush, inj, q30min, PRN other, x 3 dose PRN discomfort or respiratory rate greater than 25 breaths per minute. <input type="checkbox"/> 1 mg, IVPush, inj, q15min, PRN other, x 3 dose PRN discomfort or respiratory rate greater than 25 breaths per minute. <input type="checkbox"/> 1 mg, IVPush, inj, q30min, PRN other, x 3 dose PRN discomfort or respiratory rate greater than 25 breaths per minute.</p>
	<p>HYDROMorphine 20 mg/100 mL NS - Titratab (HYDROMorphine 20 mg/100 mL NS - Titratable) <input type="checkbox"/> IV, Max titration: 0.2 mg/hr every 30 mins, Max dose: 3 mg/hr, Primary titration goal: N/A - See alternative goal, Alternative goal: Patient comfort and respiratory rate less than 25 breaths per minute. Final concentration = 0.2 mg/mL (200 mcg/mL). <input type="checkbox"/> Start at rate: _____ mg/hr</p>
	<p>HYDROMorphine 20 mg/100 mL NS - Fixed Ra (HYDROMorphine 20 mg/100 mL NS - Fixed Rate) <input type="checkbox"/> IV, Do Not Titrate <input type="checkbox"/> Start at rate: _____ mg/hr</p>
	<p>Oral Option morphine <input type="checkbox"/> 5 mg, PO, liq, q1h, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute.</p>
	<p>morphine (morphine oral concentrate 20 mg/mL (Roxanol)) <input type="checkbox"/> 5 mg, SL, concentrate, q4h, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute. <input type="checkbox"/> 10 mg, SL, concentrate, q4h, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute.</p>
Anxiety	

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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p>LORazepam</p> <p><input type="checkbox"/> 0.5 mg, PO, liq, q4h, PRN other PRN for restlessness or agitation.</p> <p><input type="checkbox"/> 1 mg, PO, liq, q4h, PRN other PRN for restlessness or agitation.</p> <p><input type="checkbox"/> 2 mg, PO, liq, q4h, PRN other PRN for restlessness or agitation.</p> <p><input type="checkbox"/> 0.5 mg, IVPush, inj, q1h, PRN other PRN for restlessness or agitation.</p> <p><input type="checkbox"/> 0.5 mg, IVPush, inj, q2h, PRN other PRN for restlessness or agitation.</p> <p><input type="checkbox"/> 1 mg, IVPush, inj, q1h, PRN other PRN for restlessness or agitation.</p> <p><input type="checkbox"/> 1 mg, IVPush, inj, q2h, PRN other PRN for restlessness or agitation.</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q1h, PRN other PRN for restlessness or agitation.</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q2h, PRN other PRN for restlessness or agitation.</p>
	<p>LORazepam 40 mg/250 mL D5W - Titratable</p> <p><input type="checkbox"/> IV, Max titration: 1 mg/hr every 10 mins, Max dose: 8 mg/hr Final concentration = 0.16 mg/mL (160 mcg/mL)</p> <p>***Sedative medications should only be given after pain is adequately controlled***</p> <p><input type="checkbox"/> Start at rate: _____ mg/hr</p>
	<p>midazolam</p> <p><input type="checkbox"/> 1 mg, IVPush, inj, q2h, PRN comfort care</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q2h, PRN comfort care</p>
	<p>midazolam 100 mg/100 mL NS - Titratable</p> <p><input type="checkbox"/> IV, Max titration: 1 mg/hr every 5 minutes, Max dose: 8 mg/hr Final concentration = 1 mg/mL (1,000 mcg/mL).</p> <p>***Do NOT initiate infusion unless intermittent dosing has failed***</p> <p>***Sedative medications should only be given after pain is adequately controlled***</p> <p><input type="checkbox"/> Start at rate: _____ mg/hr</p>
Delirium	
	<p>haloperidol</p> <p><input type="checkbox"/> 2 mg, PO, liq, q4h, PRN other PRN delirium</p> <p><input type="checkbox"/> 5 mg, PO, liq, q4h, PRN other PRN delirium</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q1h, PRN other PRN delirium</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q2h, PRN other PRN delirium</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q4h, PRN other PRN delirium</p> <p><input type="checkbox"/> 5 mg, IVPush, inj, q1h, PRN other PRN delirium</p> <p><input type="checkbox"/> 5 mg, IVPush, inj, q2h, PRN other PRN delirium</p>

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ORDER	ORDER DETAILS
Secretions	
	scopolamine <input type="checkbox"/> 1 mg, transdermal, adh patch, Every 3 days
	atropine ophthalmic (atropine 1% ophthalmic solution) <input type="checkbox"/> 2 drop, SL, ophth soln, q2h, PRN other PRN secretions; gurgling or rattling. If sublingual atropine is contraindicated/ineffective, use IV glycopyrrolate if ordered. <input type="checkbox"/> 4 drop, SL, ophth soln, q2h, PRN other PRN secretions; gurgling or rattling. If sublingual atropine is contraindicated/ineffective, use IV glycopyrrolate if ordered.
	glycopyrrolate <input type="checkbox"/> 0.2 mg, IVPush, inj, q30min, PRN other PRN secretions; gurgling or rattling <input type="checkbox"/> 0.4 mg, IVPush, inj, q30min, PRN other PRN secretions; gurgling or rattling <input type="checkbox"/> 0.6 mg, IVPush, inj, q30min, PRN other PRN secretions; gurgling or rattling
Antiemetics	
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q6h, PRN nausea/vomiting
Gastrointestinal Agents	
	senna <input type="checkbox"/> 8.6 mg, PO, tab, BID, PRN constipation If senna is contraindicated/ineffective, give bisacodyl if ordered.
	bisacodyl <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation
Other Medications	
	ocular lubricant (Artificial Tears) <input type="checkbox"/> 1 drop, both eyes, ophth soln, As Needed, PRN dry eyes
	saliva substitutes (saliva substitutes oral spray) <input type="checkbox"/> 1 spray, mucous membrane, spray, as needed, PRN other PRN dry mouth
	acetaminophen <input type="checkbox"/> 650 mg, PO, liq, q4h, PRN fever Do not exceed 4000 mg of acetaminophen per day from all sources. <input type="checkbox"/> 650 mg, rectally, supp, q4h, PRN fever Do not exceed 4000 mg of acetaminophen per day from all sources.
	acetaminophen <input type="checkbox"/> 650 mg, PO, liq, q4h, PRN pain-mild (scale 1-3) Do not exceed 4000 mg of acetaminophen per day from all sources. <input type="checkbox"/> 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) Do not exceed 4000 mg of acetaminophen per day from all sources.

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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

Laboratory

Discontinue all Scheduled Labs
Perform Merge View to Review Active Labs to be Discontinued

Diagnostic Tests

Discontinue all Scheduled Diagnostic X-Rays or Invasive Procedures.
Perform Merge View to Review Active Diagnostic Tests to be Discontinued

Respiratory

Oxygen (O2) Therapy

Titrate to comfort.

Ventilator Settings (Vent Settings)

21 %O2, Assess patient for air hunger. If RR is greater than 25, administer opiads as ordered until patient is breathing at a comfortable rate (~25bpm or less). When adequate comfort level achieved, extubate.

Extubate patient and begin Oxygen (O2) t (Extubate patient and begin Oxygen (O2) therapy)

Physical Medicine and Rehab

Discontinue all PT/OT/ST.
Perform Merge View to Review Active PT/OT/ST to be Discontinued

Consults/Referrals

Notify Provider (Misc)

Reason: Inform provider(s) that patient is on comfort care.

Clergy Consult

Consult MD

Consult MD

Service: LifeGift

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