COMFORT CARE PLAN

	PHYSICIAN ORDERS			
Diagnos	sis			
Weight	Allergies			
	Place an "X" in the Orders column to designate orders of choice AND	an "x" in the specific order	r detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Patient Care			
	Vital Signs ☐ q12h ☐ Per Unit Standards ☐ q12h ☐ q12h, Temperature Only - Every Shift and PRN			
	Patient Activity Assist as Needed, Bed Position: As Tolerated, elevate to patient comfort. Turn as tolerated to improve patient comfort.			
	Perform Oral Care ☐ q2h			
	Insert Urinary Catheter Foley, To: Dependent Drainage Bag			
	Urinary Catheter Care			
	Discontinue Gastric Tube			
	Notify Nurse (DO NOT USE FOR MEDS) If patient has implanted defibrillator (AICD), insure that it is deactivated prior to extubation.			
	Lanolin Topical Cream 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) 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 ☐ Full Liquid Diet ☐ Fiber Restricted Diet ☐ □ Fiber Restricted Diet	Pureed Diet 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, inc	reased work of breathing as	evidenced by	
	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.			
□ то	☐ Read Back	Scanned Powerchart	☐ Scanned PharmScan	
Order Take	Order Taken by Signature: Date Time			
Physician S	Signature:	Date	Time	

COMFORT CARE PLAN

Physician Signature: _

Patient Label Here

PHYSICI	AN ORDERS	
Place an "X" in the Orders column to designate orders of choice A	ND an "x" in the specific order det	ail box(es) where applicable.
ORDER ORDER DETAILS		
fentaNYL □ 25 mcg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minu □ 50 mcg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minu □ 25 mcg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minu □ 50 mcg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minu	e e	
fentaNYL 1000 mcg/100 mL NS - Titratable □ IV, Max titration: 25 mcg/hr every 10 mins, Max dose: 200 mcg/hr, P goal: Patient comfort and respiratory rate less than or equal to 25 br Fentanyl maximum dose of 200 mcg/hr, if patient continues to displa for additional orders. Final concentration = 10 mcg/mL. Start at rate:mcg/hr	eaths per minute.	
fentaNYL 1000 mcg/100 mL NS - Fixed Rate □ IV, Do Not Titrate Final concentration = 10 mcg/mL. Physician order REQUIRED for A □ Start at rate:mcg/hr	LL rate changes.	
morphine ☐ 1 mg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minu ☐ 1 mg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minu ☐ 2 mg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minu ☐ 2 mg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minu ☐ 3 mg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minu ☐ 3 mg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minu ☐ 4 mg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minu ☐ 4 mg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minu ☐ 5 mg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minu ☐ 5 mg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minu ☐ 5 mg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minu ☐ 5 mg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minu	e. e. e. e. e. e. e. e. e.	
morphine 100 mg/100 mL NS - Titratable ☐ IV, Max titration: 1 mg/hr every 30 mins, Max dose: 8 mg/hr, Primary goal: Patient comfort and respiratory rate less than 25 breaths per m Final concentration = 1 mg/mL. ☐ Start at rate:mg/hr		goal, Alternative
☐ TO ☐ Read Back	☐ Scanned Powerchart	Scanned PharmScan
Order Taken by Signature:	Date	Time

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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		
	morphine 100 mg/100 mL NS - Fixed Rate ☐ IV, Do Not Titrate Final concentration = 1 mg/mL (1,000 mcg/mL). Physician order REQU	IRED for ALL rate changes.	
	Start at rate:mg/hr		
	HYDROmorphone □ 0.2 mg, IVPush, inj, q15min, PRN other, x 3 dose PRN discomfort or respiratory rate greater than 25 breaths per minute. □ 0.2 mg, IVPush, inj, q30min, PRN other, x 3 dose PRN discomfort or respiratory rate greater than 25 breaths per minute. □ 0.5 mg, IVPush, inj, q15min, PRN other, x 3 dose PRN discomfort or respiratory rate greater than 25 breaths per minute. □ 0.5 mg, IVPush, inj, q30min, PRN other, x 3 dose PRN discomfort or respiratory rate greater than 25 breaths per minute. □ 1 mg, IVPush, inj, q15min, PRN other, x 3 dose PRN discomfort or respiratory rate greater than 25 breaths per minute. □ 1 mg, IVPush, inj, q30min, PRN other, x 3 dose PRN discomfort or respiratory rate greater than 25 breaths per minute. □ 1 mg, IVPush, inj, q30min, PRN other, x 3 dose PRN discomfort or respiratory rate greater than 25 breaths per minute.		
	HYDROmorphone 20 mg/100 mL NS - Titratab (HYDROmorphone 20 mg/100 mL NS - Titratable) □ 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). □ Start at rate:mg/hr		
	HYDROmorphone 20 mg/100 mL NS - Fixed Ra (HYDROmorphone 20 mg/100 mL NS - Fixed Rate) IV, Do Not Titrate Start at rate:mg/hr		
	Oral Option morphine 5 mg, PO, liq, q1h, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute.		
	morphine (morphine oral concentrate 20 mg/mL (Roxanol)) 5 mg, SL, concentrate, q4h, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute. 10 mg, SL, concentrate, q4h, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute.		
	Anxiety		
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Order Taker	n by Signature:	Date	Time
Physician Signature:		Date	Time

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 LORazopam O. 5 mg. PO. liq. q4h. PRN other PRN for restlessness or agitation. I mg. PO. liq. q4h. PRN other PRN for restlessness or agitation. O. 5 mg. PO. liq. q4h. PRN other PRN for restlessness or agitation. O. 5 mg. I/Push, inj. q4h. PRN other PRN for restlessness or agitation. O. 5 mg. I/Push, inj. q4h. PRN other PRN for restlessness or agitation. I mg. I/Push, inj. q4h. PRN other PRN for restlessness or agitation. I mg. I/Push, inj. q4h. PRN other PRN for restlessness or agitation. I mg. I/Push, inj. q4h. PRN other PRN for restlessness or agitation. I mg. I/Push, inj. q4h. PRN other PRN for restlessness or agitation. PRN for restlessness or agitation. I mg. I/Push, inj. q4h. PRN other PRN for restlessness or agitation. PRN for restlessnes				
ORDER DETAILS		PHYSICIA	.N ORDERS	
CRazepam		Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific ord	er detail box(es) where applicable.
0.5 mg, P.O. (iu, q4h, PRN other PRN for resilbensess or agilation. 1 mg, P.O. (iu, q4h, PRN other PRN for resilbensess or agilation. 2 mg, P.O. (iu, q4h, PRN other PRN for resilbensess or agilation. 0.5 mg, IVPush, inj, q1h, PRN other PRN for resilbensess or agilation. 0.5 mg, IVPush, inj, q2h, PRN other PRN for resilbensess or agilation. 0.5 mg, IVPush, inj, q2h, PRN other PRN for resilbenses or agilation. 0.7 mg, IVPush, inj, q2h, PRN other PRN for resilbenses or agilation. 0.8 mg, IVPush, inj, q2h, PRN other PRN for resilbenses or agilation. 0.8 mg, IVPush, inj, q2h, PRN other PRN for resilbenses or agilation. 0.8 mg, IVPush, inj, q2h, PRN other PRN for resilbenses or agilation. 0.8 mg, IVPush, inj, q2h, PRN other PRN for resilbenses or agilation. 0.8 mg, IVPush, inj, q2h, PRN other PRN for resilbenses or agilation. 0.8 mg, IVPush, inj, q2h, PRN other PRN for resilbenses or agilation. 0.8 mg, IVPush, inj, q2h, PRN other PRN final concentration = 0.16 mg/mt. (160 mcg/mL). 0.8 mg/mt.	ORDER	ORDER DETAILS		
W, Max titration: 1 mg/hr every 10 mins, Max dose: 8 mg/hr		 □ 0.5 mg, PO, liq, q4h, PRN other PRN for restlessness or agitation. □ 1 mg, PO, liq, q4h, PRN other PRN for restlessness or agitation. □ 2 mg, PO, liq, q4h, PRN other PRN for restlessness or agitation. □ 0.5 mg, IVPush, inj, q1h, PRN other PRN for restlessness or agitation. □ 0.5 mg, IVPush, inj, q2h, PRN other PRN for restlessness or agitation. □ 1 mg, IVPush, inj, q1h, PRN other PRN for restlessness or agitation. □ 1 mg, IVPush, inj, q2h, PRN other PRN for restlessness or agitation. □ 1 mg, IVPush, inj, q2h, PRN other PRN for restlessness or agitation. □ 2 mg, IVPush, inj, q1h, PRN other PRN for restlessness or agitation. □ 2 mg, IVPush, inj, q1h, PRN other □ 2 mg, IVPush, inj, q2h, PRN other 		
1 mg, IVPush, inj, q2h, PRN comfort care		□ IV, Max titration: 1 mg/hr every 10 mins, Max dose: 8 mg/hr Final concentration = 0.16 mg/mL (160 mcg/mL) ***Sedative medications should only be given after pain is adequately	controlled***	
midazolam 100 mg/100 mL NS - Titratable IV, Max titration: 1 mg/hr every 5 minutes, Max dose: 8 mg/hr Final concentration = 1 mg/mL (1,000 mcg/mL). ************************************			2 mg, IVPush, inj, q2h, P	RN comfort care
haloperidol 2 mg, PO, liq, q4h, PRN other PRN delirium 5 mg, PO, liq, q4h, PRN other PRN delirium 2 mg, IVPush, inj, q1h, PRN other PRN delirium 2 mg, IVPush, inj, q2h, PRN other PRN delirium 2 mg, IVPush, inj, q4h, PRN other PRN delirium 5 mg, IVPush, inj, q4h, PRN other PRN delirium 5 mg, IVPush, inj, q1h, PRN other PRN delirium 5 mg, IVPush, inj, q2h, PRN other PRN delirium 5 mg, IVPush, inj, q2h, PRN other PRN delirium To		midazolam 100 mg/100 mL NS - Titratable IV, Max titration: 1 mg/hr every 5 minutes, Max dose: 8 mg/hr Final concentration = 1 mg/mL (1,000 mcg/mL). ***Do NOT initiate infusion unless intermittent dosing has failed*** ****Sedative medications should only be given after pain is adequately Start at rate:mg/hr		
2 mg, PO, liq, q4h, PRN other PRN delirium 5 mg, PO, liq, q4h, PRN other PRN delirium 2 mg, IVPush, inj, q1h, PRN other PRN delirium 2 mg, IVPush, inj, q2h, PRN other PRN delirium 2 mg, IVPush, inj, q4h, PRN other PRN delirium 2 mg, IVPush, inj, q4h, PRN other PRN delirium 5 mg, IVPush, inj, q1h, PRN other PRN delirium 5 mg, IVPush, inj, q2h, PRN other PRN delirium 5 mg, IVPush, inj, q2h, PRN other PRN delirium 5 mg, IVPush, inj, q4h, PRN other PRN delirium 5 mg, IVPush, inj, q4h, PRN other Scanned Powerchart Scanned PharmScan Scann				
Order Taken by Signature: Date Time	□то	□ 2 mg, PO, liq, q4h, PRN other PRN delirium □ 5 mg, PO, liq, q4h, PRN other PRN delirium □ 2 mg, IVPush, inj, q1h, PRN other PRN delirium □ 2 mg, IVPush, inj, q2h, PRN other PRN delirium □ 2 mg, IVPush, inj, q2h, PRN other PRN delirium □ 2 mg, IVPush, inj, q4h, PRN other PRN delirium □ 5 mg, IVPush, inj, q1h, PRN other PRN delirium □ 5 mg, IVPush, inj, q2h, PRN other PRN delirium □ 5 mg, IVPush, inj, q2h, PRN other PRN delirium	◯ Scanned Powerchart	☐ Scanned PharmScan

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ORDER	ORDER DETAILS		
Т	Secretions		
	scopolamine 1.5 mg, transdermal, adh patch, Every 3 days		
	atropine ophthalmic (atropine 1% ophthalmic solution) 2 drop, SL, ophth soln, q2h, PRN other PRN secrections; gurgling or rattling. If sublingual atropine is contraindicated/ineffective, use IV glycopyri 4 drop, SL, ophth soln, q2h, PRN other PRN secrections; gurgling or rattling. If sublingual atropine is contraindicated/ineffective, use IV glycopyri		
	glycopyrrolate 0.2 mg, IVPush, inj, q30min, PRN other PRN secrections; gurgling or rattling 0.4 mg, IVPush, inj, q30min, PRN other PRN secrections; gurgling or rattling 0.6 mg, IVPush, inj, q30min, PRN other PRN secrections; gurgling or rattling		
	Antiemetics		
	ondansetron ☐ 4 mg, IVPush, soln, q6h, PRN nausea/vomiting		
1	Gastrointestinal Agents		
	senna 8.6 mg, PO, tab, BID, PRN constipation If senna is contraindicated/ineffective, give bisacodyl if ordered.		
	bisacodyl ☐ 10 mg, rectally, supp, Daily, PRN constipation		
	Other Medications		
	ocular lubricant (Artificial Tears) 1 drop, both eyes, ophth soln, As Needed, PRN dry eyes		
	saliva substitutes (saliva substitutes oral spray) 1 spray, mucous membrane, spray, as needed, PRN other PRN dry mouth		
	acetaminophen 650 mg, PO, liq, q4h, PRN fever Do not exceed 4000 mg of acetaminophen per day from all sources 650 mg, rectally, supp, q4h, PRN fever Do not exceed 4000 mg of acetaminophen per day from all sources		
	acetaminophen 650 mg, PO, liq, q4h, PRN pain-mild (scale 1-3) Do not exceed 4000 mg of acetaminophen per day from all sources 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) Do not exceed 4000 mg of acetaminophen per day from all sources		
□ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan
Order Taken by Signature:		Date	Time
Physician S	ignature:	Date	Time

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.			
	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 Disconti			
	Respiratory			
	Oxygen (O2) Therapy Titrate to comfort.			
	Ventilator Settings (Vent Settings) ☐ 21 %O2, Assess patient for air hunger. If RR is greater than 25, accomfortable rate (~25bpm or less). When adequate comfort level a	dminister opiads as ordered until pationschieved, extubate.	ent is breathing at a	
	Extubate patient and begin Oxygen (O2) t (Extubate patient and be	egin 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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	n by Signature:	Date	Time	
Physician S	onature.	Date	Time	