## COMMUNITY HEALTH PLAN

### 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 DETAILS

#### Patient Care

- **Vital Signs**
  - Per Unit Standards
  - 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.

#### 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.

- **Code Status**
  - Code Status: DNR/AND (Allow Natural Death)
  - Code Status: Care Limitation

- **Notify Nurse (DO NOT USE FOR MEDS)**

#### Dietary

- **Family May Bring in Food**

- **Oral Diet**
  - Full Liquid Diet
  - Soft to Digest 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, 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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- **Read Back**

- **Scanned Powerchart**

- **Scanned PharmScan**

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Order Taken by Signature: ____________________________ Date: ____________ Time: ____________

Physician Signature: ____________________________ Date: ____________ Time: ____________

Comfort Care Plan  Version: 9  Effective on: 04/21/17
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**
---|---
**fentanyl** | 25 mcg, IVPush, inj, q15min, PRN other
 PRN discomfort or respiratory rate greater than 25 breaths per minute
 50 mcg, IVPush, inj, q15min, PRN other
 PRN discomfort or respiratory rate greater than 25 breaths per minute
 25 mcg, IVPush, inj, q30min, PRN other
 PRN discomfort or respiratory rate greater than 25 breaths per minute
 50 mcg, IVPush, inj, q30min, PRN other
 PRN discomfort or respiratory rate greater than 25 breaths per minute

**fentanyl 1000 mcg/100 mL NS - Titratable**
 IV, Max titration: 25 mcg/hr every 10 mins, Max dose: 500 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.
 Final concentration = 10 mcg/mL.
 Start at rate: ______________ mcg/hr

**morphine** | 1 mg, IVPush, inj, q15min, PRN other
 PRN discomfort or respiratory rate greater than 25 breaths per minute.
 1 mg, IVPush, inj, q30min, PRN other
 PRN discomfort or respiratory rate greater than 25 breaths per minute.
 2 mg, IVPush, inj, q15min, PRN other
 PRN discomfort or respiratory rate greater than 25 breaths per minute.
 2 mg, IVPush, inj, q30min, PRN other
 PRN discomfort or respiratory rate greater than 25 breaths per minute.
 3 mg, IVPush, inj, q15min, PRN other
 PRN discomfort or respiratory rate greater than 25 breaths per minute.
 3 mg, IVPush, inj, q30min, PRN other
 PRN discomfort or respiratory rate greater than 25 breaths per minute.
 4 mg, IVPush, inj, q15min, PRN other
 PRN discomfort or respiratory rate greater than 25 breaths per minute.
 4 mg, IVPush, inj, q30min, PRN other
 PRN discomfort or respiratory rate greater than 25 breaths per minute.
 5 mg, IVPush, inj, q15min, PRN other
 PRN discomfort or respiratory rate greater than 25 breaths per minute.
 5 mg, IVPush, inj, q30min, PRN other
 PRN discomfort or respiratory rate greater than 25 breaths per minute.

**morphine 100 mg/100 mL NS - Titratable**
 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 or equal to 25 breaths per minute.
 Final concentration = 1 mg/mL.
 Start at rate: ______________ mg/hr

**TO**  **Read Back**  **Scanned Powerchart**  **Scanned PharmScan**

Order Taken by Signature: ____________________________ Date ____________ Time ____________
Physician Signature: ____________________________ Date ____________ Time ____________

Comfort Care Plan  Version: 9  Effective on: 04/21/17
## 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.

<table>
<thead>
<tr>
<th>ORDER</th>
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</table>
| HYDROMorphone | 0.2 mg, IVPush, inj, q15min, PRN other, x 3 dose  
PRN discomfort or respiratory rate greater than 25 breaths per minute. |
| HYDROMorphone | 0.2 mg, IVPush, inj, q30min, PRN other, x 3 dose  
PRN discomfort or respiratory rate greater than 25 breaths per minute. |
| HYDROMorphone | 0.5 mg, IVPush, inj, q15min, PRN other, x 3 dose  
PRN discomfort or respiratory rate greater than 25 breaths per minute. |
| HYDROMorphone | 0.5 mg, IVPush, inj, q30min, PRN other, x 3 dose  
PRN discomfort or respiratory rate greater than 25 breaths per minute. |
| HYDROMorphone | 1 mg, IVPush, inj, q15min, PRN other, x 3 dose  
PRN discomfort or respiratory rate greater than 25 breaths per minute. |
| HYDROMorphone | 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 - Titratable (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

**Oral Option**

- **morphine**  
  - 5 mg, PO, liq, q1h, PRN other  
  PRN discomfort or respiratory rate greater than 25 breaths per minute.

**morphine (morphine 20 mg/mL oral concentrate (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**

- **LORazepam**  
  - 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.  
  - 2 mg, IVPush, inj, q1h, PRN other  
  PRN for restlessness or agitation.  
  - 2 mg, IVPush, inj, q2h, PRN other  
  PRN for restlessness or agitation.
**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.

<table>
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<tbody>
<tr>
<td><strong>LORazepam 40 mg/250 mL D5W - Titratable</strong></td>
</tr>
<tr>
<td>□ IV, Max titration: 1 mg/hr every 10 mins, Max dose: 8 mg/hr</td>
</tr>
<tr>
<td>□ Start at rate: __________ mg/hr</td>
</tr>
<tr>
<td>□ Final concentration = 0.16 mg/mL (160 mcg/mL)</td>
</tr>
</tbody>
</table>

***Sedative medications should only be given after pain is adequately controlled***

**Delirium**

| haloperidol |
| 2 mg, PO, liq, q4h, PRN other |
| 5 mg, PO, liq, q4h, PRN other |

PRN restlessness or agitation.

| 2 mg, IVPush, inj, q1h, PRN other |
| 2 mg, IVPush, inj, q2h, PRN other |
| 2 mg, IVPush, inj, q4h, PRN other |

PRN restlessness or agitation.

| 5 mg, IVPush, inj, q1h, PRN other |
| 5 mg, IVPush, inj, q2h, PRN other |
| 5 mg, IVPush, inj, q4h, PRN other |

PRN restlessness or agitation.

**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 |
| 4 drop, SL, ophth soln, q2h, PRN other |

PRN secretions; gurgling or rattling

| glycopyrrolate |
| 0.2 mg, IVPush, inj, q30min, PRN other |
| 0.4 mg, IVPush, inj, q30min, PRN other |
| 0.6 mg, IVPush, inj, q30min, PRN other |

PRN secretions; gurgling or rattling

**Antiemetics**

| ondansetron |
| 4 mg, IVPush, soln, q6h, PRN nausea/vomiting |
### Promethazine

- **12.5 mg, PO, tab, q4h, PRN nausea/vomiting**
- **25 mg, PO, tab, q4h, PRN nausea/vomiting**
- **12.5 mg, rectally, supp, q4h, PRN nausea/vomiting**
- **25 mg, rectally, supp, q4h, PRN nausea/vomiting**
- **12.5 mg, Slow IV Push, inj, q4h, PRN nausea/vomiting**

**VESICANT**: Dilute with 10 ml NS & IVP over 5 min through a running IV line with large-bore access.

### 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.

- **Lanolin topical (lanolin topical cream)**
  - 1 app, topical, cream, As Needed, PRN lip care

### 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 Therapy**
  - Titrate to comfort

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

- **Extubate patient and begin 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
## COMFORT CARE PLAN

### PHYSICIAN ORDERS

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<tbody>
<tr>
<td>Notify Provider (Misc)</td>
<td>□ Reason: Inform provider(s) that patient is on comfort care.</td>
</tr>
<tr>
<td>Clergy Consult</td>
<td></td>
</tr>
<tr>
<td>Consult MD</td>
<td>□ Service: LifeGift</td>
</tr>
</tbody>
</table>

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Order Taken by Signature: ____________________________________________ Date ______________________ Time ______________________

Physician Signature: ____________________________________________ Date ______________________ Time ______________________

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