# **COMFORT CARE PLAN**

#### **Patient Label Here**

PHYSICIAN ORDERS				
	Diagnosis			
Weight				
	Place an "X" in the Orders column to designate orders of choice ANI	D an "x" in the specific order det	tail box(es) where applicable.	
ORDER				
	Patient Care  Vital Signs  ☐ Per Unit Standards ☐ q12h, Temperature Only - Every Shift and PRN	□ q12h		
	Patient Activity  Assist as Needed, Bed Position: As Tolerated, elevate to patient comfort. Turn as tolerated to improve patient comfort.			
	Perform Oral Care			
	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.			
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	en by Signature:	Date	Time	
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Version: 9 Effective on: 04/21/17



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# **COMFORT CARE PLAN**

	PHYSICIAI	N 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			
	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, Pring goal: Patient comfort and respiratory rate less than or equal to 25 bread Final concentration = 10 mcg/mL.  □ Start at rate:mcg/hr		alternative goal, Alternative	
	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, q30min, 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, q15min, 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 25 breaths per minute.  Final concentration = 1 mg/mL.  Start at rate:mg/hr			
□ то	☐ Read Back	Scanned Powerchart	☐ Scanned PharmScan	
Order Taken by Signature:		Date	Time	
Physician Signature:		Date	Time	

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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			
HYDROmorphone  □ 0.2 mg, IVPush, inj, q15min, PRN other, PRN discomfort or respiratory rate great □ 0.2 mg, IVPush, inj, q30min, PRN other, PRN discomfort or respiratory rate great □ 0.5 mg, IVPush, inj, q15min, PRN other, PRN discomfort or respiratory rate great □ 0.5 mg, IVPush, inj, q30min, PRN other, PRN discomfort or respiratory rate great □ 1 mg, IVPush, inj, q15min, PRN other, x PRN discomfort or respiratory rate great □ 1 mg, IVPush, inj, q30min, PRN other, x PRN discomfort or respiratory rate great	ter than 25 breaths per minute x 3 dose ter than 25 breaths per minute x 3 dose ter than 25 breaths per minute x 3 dose ter than 25 breaths per minute 3 dose ter than 25 breaths per minute 3 dose ter than 25 breaths per minute 3 dose		
HYDROmorphone 20 mg/100 mL NS - Tite  IV, Max titration: 0.2 mg/hr every 30 min goal: Patient comfort and respiratory rate Final concentration = 0.2 mg/mL (200 m  Start at rate:mg/hr	is, Max dose: 3 mg/hr, Primar e less than 25 breaths per mir	titration goal: N/A - See alte	rnative goal, Alternative
Oral Option  morphine  5 mg, PO, liq, q1h, PRN other  PRN discomfort or respiratory rate great	er than 25 breaths per minute		
morphine (morphine 20 mg/mL oral cond 5 mg, SL, concentrate, q4h, PRN other PRN discomfort or respiratory rate great 10 mg, SL, concentrate, q4h, PRN other PRN discomfort or respiratory rate great	ter 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, q1h, PRN other PRN for restlessness or agitation. □ 2 mg, IVPush, inj, q2h, PRN other PRN for restlessness or agitation.			
☐ TO ☐ Read Back		Scanned Powerchart	☐ Scanned PharmScan
Order Taken by Signature:		Date	Time
Physician Signature:		Date	Time

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	PHYSICIAI	N 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		
	LORazepam 40 mg/250 mL D5W - Titratable  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  Start at rate:mg/hr	controlled***	
	Delirium		
	haloperidol  2 mg, PO, liq, q4h, PRN other PRN restlessness or agitation.  5 mg, PO, liq, q4h, PRN other PRN restlessness or agitation.  2 mg, IVPush, inj, q1h, PRN other PRN restlessness or agitation.  2 mg, IVPush, inj, q2h, PRN other PRN restlessness or agitation.  2 mg, IVPush, inj, q4h, PRN other PRN restlessness or agitation.  5 mg, IVPush, inj, q1h, PRN other PRN restlessness or agitation.  5 mg, IVPush, inj, q2h, PRN other PRN restlessness or agitation.  5 mg, IVPush, inj, q2h, PRN other PRN restlessness or agitation.  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 PRN secrections; gurgling or rattling 4 drop, SL, ophth soln, q2h, PRN other PRN secrections; gurgling or rattling		
	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		
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Order Take	n by Signature:	Date	Time
Physician S	Signature:	Date	Time

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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				
	promethazine  ☐ 12.5 mg, PO, tab, q4h, PRN nausea/vomiting ☐ 12.5 mg, PO, tab, q4h, PRN nausea/vomiting ☐ 12.5 mg, rectally, supp, q4h, PRN nausea/vomiting ☐ 12.5 mg, Slow IVPush, 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 opiads as ordered until patient is breathing at a comfortable rate (~25bpm 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				
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Physician S	Signature: Time				

### COMFORT CARE PLAN

#### **Patient Label Here**

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	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order det	ail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Notify Provider (Misc)  Reason: Inform provider(s) that patient is on comfort care.			
	Clergy Consult			
	Consult MD  Service: LifeGift			
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan	
Order Taken by Signature:		Date	Time	
Physician Signature:		Date	Time	

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