

UMC Health System COMFORT CARE PLAN	Patient Label Here
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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

Patient Care

Vital Signs
 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.

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 Pureed Diet
 Soft to Digest 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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ORDER	ORDER DETAILS
	fentaNYL <input type="checkbox"/> 25 mcg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute <input type="checkbox"/> 50 mcg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute <input type="checkbox"/> 25 mcg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute <input type="checkbox"/> 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 <input type="checkbox"/> 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. <input type="checkbox"/> Start at rate: _____ mcg/hr
	morphine <input type="checkbox"/> 1 mg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute. <input type="checkbox"/> 1 mg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute. <input type="checkbox"/> 2 mg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute. <input type="checkbox"/> 2 mg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute. <input type="checkbox"/> 3 mg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute. <input type="checkbox"/> 3 mg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute. <input type="checkbox"/> 4 mg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute. <input type="checkbox"/> 4 mg, IVPush, inj, q30min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute. <input type="checkbox"/> 5 mg, IVPush, inj, q15min, PRN other PRN discomfort or respiratory rate greater than 25 breaths per minute. <input type="checkbox"/> 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 <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. <input type="checkbox"/> Start at rate: _____ mg/hr

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ORDER	ORDER DETAILS
	HYDROmorphone <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.
	HYDROmorphone 20 mg/100 mL NS - Titatab (HYDROmorphone 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
	Oral Option morphine <input type="checkbox"/> 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)) <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.
Anxiety	
	LORazepam <input type="checkbox"/> 0.5 mg, PO, liq, q4h, PRN other PRN for restlessness or agitation. <input type="checkbox"/> 1 mg, PO, liq, q4h, PRN other PRN for restlessness or agitation. <input type="checkbox"/> 2 mg, PO, liq, q4h, PRN other PRN for restlessness or agitation. <input type="checkbox"/> 0.5 mg, IVPush, inj, q1h, PRN other PRN for restlessness or agitation. <input type="checkbox"/> 0.5 mg, IVPush, inj, q2h, PRN other PRN for restlessness or agitation. <input type="checkbox"/> 1 mg, IVPush, inj, q1h, PRN other PRN for restlessness or agitation. <input type="checkbox"/> 1 mg, IVPush, inj, q2h, PRN other PRN for restlessness or agitation. <input type="checkbox"/> 2 mg, IVPush, inj, q1h, PRN other PRN for restlessness or agitation. <input type="checkbox"/> 2 mg, IVPush, inj, q2h, PRN other PRN for restlessness or agitation.

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	<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>
Delirium	
	<p>haloperidol</p> <p><input type="checkbox"/> 2 mg, PO, liq, q4h, PRN other PRN restlessness or agitation.</p> <p><input type="checkbox"/> 5 mg, PO, liq, q4h, PRN other PRN restlessness or agitation.</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q1h, PRN other PRN restlessness or agitation.</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q2h, PRN other PRN restlessness or agitation.</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q4h, PRN other PRN restlessness or agitation.</p> <p><input type="checkbox"/> 5 mg, IVPush, inj, q1h, PRN other PRN restlessness or agitation.</p> <p><input type="checkbox"/> 5 mg, IVPush, inj, q2h, PRN other PRN restlessness or agitation.</p> <p><input type="checkbox"/> 5 mg, IVPush, inj, q4h, PRN other PRN restlessness or agitation.</p>
Secretions	
	<p>scopolamine</p> <p><input type="checkbox"/> 1.5 mg, transdermal, adh patch, Every 3 days</p>
	<p>atropine ophthalmic (atropine 1% ophthalmic solution)</p> <p><input type="checkbox"/> 2 drop, SL, ophth soln, q2h, PRN other PRN secretions; gurgling or rattling</p> <p><input type="checkbox"/> 4 drop, SL, ophth soln, q2h, PRN other PRN secretions; gurgling or rattling</p>
	<p>glycopyrrolate</p> <p><input type="checkbox"/> 0.2 mg, IVPush, inj, q30min, PRN other PRN secretions; gurgling or rattling</p> <p><input type="checkbox"/> 0.4 mg, IVPush, inj, q30min, PRN other PRN secretions; gurgling or rattling</p> <p><input type="checkbox"/> 0.6 mg, IVPush, inj, q30min, PRN other PRN secretions; gurgling or rattling</p>
Antiemetics	
	<p>ondansetron</p> <p><input type="checkbox"/> 4 mg, IVPush, soln, q6h, PRN nausea/vomiting</p>

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