

General:

- Comfort Care Orders discussed with family, decision maker.
- Discontinue all previous orders
- Activity as tolerated
- Turn and position every 4 hours unless otherwise specified

Advance Directives:

- Living Will
- Power of Attorney/Healthcare: Name: _____
- Comfort Care
- Comfort Care Arrest

Oral Hygiene:

- Assess, offer mouth care every four hours and as needed
- Artificial saliva, squirt a small amount into mouth every 2 hours as needed for dryness
- Petroleum jelly to lips every 4 hours as needed for dryness
- Nystatin suspension 5 ml po swish and swallow 4 times daily x 7 days for suspected thrush

Diet:

- Regular as tolerated
- Comfort foods/Liquids as desired and tolerated
- NPO
- Other _____

Bladder:

- Foley to CD change as needed, routine catheter care
- Straight Cath as needed, suspected urinary retention
- Peri-care every shift and as needed
- Other-specify _____

Bowel:

- * All patients on opioids need bowel regimen-both a stool softener and laxative.
- Docusate (Colace) 100 mg po bid; hold for loose stools
 - Senna (Senokot) 8.6 mg po bid; hold for loose stools.
 - Senna (Senokot) 17.2 mg po bid; hold for loose stools.
 - Milk of Magnesia 30 milliliters po daily as needed for constipation
 - Bisacodyl (Dulcolax) 10 mg pr suppository daily as needed for constipation
 - Sodium phosphate (Fleets) enema daily as needed for constipation
 - For diarrhea as needed: Loperamide (Imodium) 4 mg po x1, then 2 milligrams po after each loose bowel movement (Not to exceed maximum 16 mg in 24 hours)

Dyspepsia:

- Hospital stock antacid 30 milliliters po every 2 hours as needed.

Physician Signature _____ Date _____ Time _____

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	Write Microgram	1.0	Write 1. Do not use zero after decimal point
qd, q.d.	Write Daily	Zero after decimal point	
qod	Write Every Other Day or Every 48 hrs	MS	Write Morphine
U or u	Write Units	MgSO ₄ , MSO ₄	Write Magnesium sulfate or Morphine sulfate
.5	Write 0.5 - make sure you use preceding 0	IU	Write International units
No zero before decimal point		OS, OD, OU	Write Left or right eye or both eyes
		AS, AD, AU	Write Left or right ear or both ears



ST. VINCENT CHARITY
MEDICAL CENTER

2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com

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MR.ORDER

Nausea and Vomiting:

- Haloperidol (Haldol) 0.5 mg-1.0 mg po/iv/sq dose: _____ / route: _____ every four hours as needed.
- Metoclopramide (Reglan) 10 mg po/iv/sq route: _____ every 6 hours as needed
- Promethazine (Phenergan) 12.5 mg-25 mg po/pr/iv dose: _____ / route: _____ every 6 hours as needed.
- Prochlorperazine (Compazine) 10 mg po / 25 mg pr dose: _____ / route: _____ every 6 hours as needed.

*Should consider cause of nausea/vomiting in choice of medication

Fever:

- Acetaminophen (Tylenol) 650 mg po/pr every 4 hours prn temperature greater than 100 degrees F route _____
- Ibuprofen (Motrin) 400 mg po every 6 hours prn temperature greater than 100 degrees F

Anxiety/Restlessness:

- Lorazepam (Ativan) 0.5 mg-1 mg po/sl * every 2 hours prn dose: _____ / route: _____
*Greater than 70 yrs 0.25 mg-0.5 mg (max. dose 10 mg 24 hours)

Delirium:

- Haloperidol (Haldol) 0.5 mg-4 mg po/sl/sq/iv every 4 hours prn (max. 30 mg/24 hours)
Dose: _____ Route: _____

*Consider reasons for agitation/ restlessness especially urinary retention/or fecal impaction

Dyspnea:

*If on morphine for pain increase dose by 50%

- Morphine 5-10 mg po/sl every 2 hours prn, dyspnea dose: _____ / route: _____
- Oxygen at 2 liter/minute as needed, desired, tolerated.
- Other oxygen therapy _____
- Lorazepam (Ativan) 0.25 mg-0.5 mg* po/sl every 4 hours as needed
Dose: _____ / route: _____

*Greater than 70 yrs old start with 0.25 mg

Pain: Mild-Moderate Pain:

- Ibuprofen (Motrin) 600 mg po three times daily with meals
- Naproxen (Naprosyn) 500 mg po 2 times daily with meals
- Acetaminophen (Tylenol) 650 mg po qid as needed
*(not to exceed 4,000 mg every 24 hours in combination)
- Hydrocodone/Acetaminophen (Vicodin) 5/500 mg 1 tablet po every 4 hours as needed

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Severe Pain: Immediate Release, (IR)

* Initial utilization of IR products is suggested to establish the baseline opioid need before sustained release products are ordered. Morphine is the preferred agent unless specific patient factors dictate otherwise ie: renal failure. The preferred route is oral.

- Morphine 10 mg po/sl every 2 hours around the clock (hold for sedation)
- Oxycodone (OxyIR) 5 mg po/sl every 3 hours around the clock (hold for sedation)
- Oxycodone (OxyIR) 10 mg po/sl every 3 hours around the clock (hold for sedation)
- Hydromorphone (Dilaudid) 2 mg po every 3 hours around the clock (hold for sedation)
- Other medication: _____ dose: _____ route: _____ interval: _____

Severe Pain: Sustained Release, (SR)

* Must also have an immediate-release product ordered prn for breakthrough pain.

- Morphine SR (MS Contin) dose: _____ mg po/pr route: _____ every 12 hours
- Oxycodone SR (Oxycontin) dose: _____ mg po/pr route: _____ every 12 hours
- Fentanyl patch (Duragesic) dose _____ micrograms per hour topically every 72 hours
- Other medication: _____ dose: _____ route: _____ interval: _____

* Breakthrough dose should be 10-15% of the total 24 hour opioid dose.

- Breakthrough medication: _____ dose: _____ route: _____ interval: _____ prn-pain

Terminal Secretions:

- Glycopyrrolate (Robinul) 0.2 mg-0.4 mg dose: _____ / iv/sq route: _____ every 6 hours prn
- Scopolamine patch (Transderm Scop) 1-2 patches dose: _____ every 72 hours topically-use proactively
- Hyoscyamine (Levsin) 0.125 mg po/sl route: _____ every 4 hours prn

Sleep: Choose one:

- Zolpidem (Ambien) 5-10 mg dose: _____ po at bedtime prn
- Mirtazapine (Remeron) 7.5 mg po at bedtime prn
- Temazepam (Restoril) 15 mg po at bedtime prn
- Trazodone (Desyrel) 50 mg po at bedtime prn

Palliative Care:

- Consult to Palliative Care team
- Referral to Palliative Care Coordinator

Other orders: _____

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