Regional Pre-Printed Orders for
Actively Dying Protocol: Acute Care

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Page: 1 of 1

DRUG & FOOD ALLERGIES

- **Mandatory**
  - **Optional**: Prescriber check (☐) to initiate, cross out and initial any orders not indicated.

- **Patient meets all of the criteria:**
  - Death anticipated in hours to days *(must be reviewed daily)*
  - Patient is bed bound AND taking minimal oral nutrition
  - Patient’s prognosis and goals of care have been discussed with the patient or Substitute Decision Maker and documented
  - Review MOST status – commonly will be DNR M1

**Prescriber’s Signature:** ________________________________ **Date:** _____________________

- **Change medical orders to align with goals of care (check all that apply):**
  - Discontinue routine vital signs, weights, glucometer, diagnostic testing, oximetry and blood work
  - Stop IV fluids – may cause edema and build-up of secretions in lungs
  - May insert indwelling Foley catheter as required for comfort
  - Insert subcutaneous catheters for the medications ordered below (one site per medication)
  - Dietary Orders: ____________________________________________

- **Physician to review ALL current MEDICATION orders and discontinue any that do not meet patient’s goals of care**
  - *Do not discontinue fentanyl patch*

### Symptoms | Physician’s Orders
---|---
Mild pain and/or Distressing Fever | ☐ acetaminophen 650 mg PO/ per rectum Q4H PRN (Maximum dose 4000 mg per 24 hours)

**Pain and/or Dyspnea** select a OR b

a) If NOT on opioids, use HYDROMORPHON 0.25 mg subcutaneous Q1H PRN

b) If on opioids already, convert current regular PO opioid to subcutaneous route (one half of oral dose) and rate ______________________________________ mg subcutaneous Q4H.
   For breakthrough ___________________________ mg subcutaneous Q1H PRN (recommended 10% of total subcutaneous daily dose).

Upper Respiratory Secretions and Congestion | ☐ atropine 1% eye drops 2 drops on or under tongue Q2H PRN

| ☐ glycopyrrolate 0.4 mg subcutaneous Q4H PRN (maximum 2.4 mg per 24 hours)

Nausea and/or Vomiting | ☐ haloperidol 0.5 to 1 mg subcutaneous Q12H PRN
   (call physician if more than 2.5 mg from all sources is required in 24 hours)

Distressing Restlessness/ Agitation | ☐ haloperidol (less sedating) 0.5 to 1 mg subcutaneous Q4H PRN
   (call physician if more than 2.5 mg from all sources is required in 24 hours)

| ☐ methotrimeprazine (more sedating) 6.25 to 12.5 mg subcutaneous Q4H PRN (call physician if requiring more than 25 mg in 12 hours)

Anxiety | ☐ LORazepam 0.5 to 1 mg sublingual or subcutaneous Q2H PRN (call physician if using more than 2 mg in 12 hours)