



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

DRDO106650B

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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	<input type="checkbox"/> acetaminophen 650 mg PO/ per rectum Q4H PRN (Maximum dose 4000 mg per 24 hours)
Pain and/or Dyspnea select a <u>OR</u> b	a <input type="checkbox"/> If NOT on opioids , use HYDRomorphone 0.25 mg subcutaneous Q1H PRN b <input type="checkbox"/> If on opioids already , convert current regular PO opioid to subcutaneous route (one half of oral dose) dose and rate _____ mg subcutaneous Q4H. For breakthrough _____ mg subcutaneous Q1H PRN (recommended 10% of total subcutaneous daily dose).
Upper Respiratory Secretions and Congestion	<input type="checkbox"/> atropine 1% eye drops 2 drops on or under tongue Q2H PRN <input type="checkbox"/> glycopyrrolate 0.4 mg subcutaneous Q4H PRN (maximum 2.4 mg per 24 hours)
Nausea and/or Vomiting	<input type="checkbox"/> 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	<input type="checkbox"/> 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) <input type="checkbox"/> methotrimeprazine (more sedating) 6.25 to 12.5 mg subcutaneous Q4H PRN (call physician if requiring more than 25 mg in 12 hours)
Anxiety	<input type="checkbox"/> LORazepam 0.5 to 1 mg sublingual or subcutaneous Q2H PRN (call physician if using more than 2 mg in 12 hours)

Date (DD/MMM/YYYY)	Time	Prescriber Signature	Printed Name or College ID#