Regional Order Set for 
Active Dying Protocol: Acute Care Addendum
COVID-19 CRISIS ORDERS

**MUST BE ACCOMPANIED BY COMPLETED ACTIVELY DYING PROTOCOL**

- Patient meets all the criteria on Fraser Health Actively Dying Protocol AND:
  - Is COVID positive or presumed positive and is not a candidate for Critical Care.
  - Is showing signs of rapid respiratory decompensation with no reversibility
  - MRP MUST discuss diagnosis and likely VERY short prognosis with patient or Substitute Decision Maker
  - MRP MUST update MOST- goals must be in alignment with DNR M1 or M2
  - Oxygen for comfort: Low-flow O2 1-6 LPM on nasal prongs, or up to 15 LPM on a non-rebreather mask (not considered an aerosol generating procedure)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Physician's Orders</th>
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<tbody>
<tr>
<td><strong>SEVERE DYSPNEA</strong></td>
<td><strong>Patient rating SOB 6 to 8/10</strong></td>
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<td></td>
<td>Evidence of increased work of breathing (tachypnea, labored breathing, tripod position, using accessory muscles to breathe, etc.)</td>
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<td><strong>Discontinue ALL previous opioid orders</strong></td>
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<td></td>
<td><strong>Position patient sitting as upright as possible. Do not use fans, nebulizers or open windows</strong></td>
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<td></td>
<td><strong>Select ONE of the following:</strong></td>
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<td><strong>If patient not previously on ANY opioids, start:</strong></td>
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<tr>
<td></td>
<td>- HYDROMorphine 0.5 mg IV/subcutaneous Q4H regularly</td>
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<tr>
<td></td>
<td>- HYDROMorphine 0.25 mg IV/subcutaneous Q15MIN PRN</td>
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<td></td>
<td><strong>Tritrate HYDROMorphine to 1 mg IV/subcutaneous Q4H regularly and 0.5 mg subcutaneous/IV Q15 MIN PRN if patient requires 3 breakthrough doses in a 24 hour period or is still symptomatic after 3 regular doses</strong></td>
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<td><strong>OR</strong></td>
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<td><strong>If patient already on scheduled and/or PRN opioid</strong></td>
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<tr>
<td></td>
<td>- Convert current opioid to HYDROMorphine subcutaneous/IV Q4H regularly with Q15MIN PRN (see back for more information or contact pharmacist)</td>
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<td></td>
<td>- HYDROMorphine mg IV/subcutaneous Q4H regularly</td>
</tr>
<tr>
<td></td>
<td>- HYDROMorphine mg IV/subcutaneous Q15MIN PRN</td>
</tr>
<tr>
<td></td>
<td><strong>Tritrate HYDROMorphine as per instructions on back if patient requires 3 breakthrough doses in a 24 hour period or is still symptomatic after 3 regular doses</strong></td>
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**CRISIS RESPIRATORY FAILURE**

- **Patient rating SOB 8 to 10/10**
- **Rapid and severe worsening of respiratory status (oxygen saturation drops) over short hours along with overall decline**
- **Patient is imminently dying**

**Step 1:**
- Call MRP to inform of Crisis Respiratory Failure
- Double the dose of current PRN HYDROMorphine order and give Q15MIN until symptom relief
- If dyspnea improves, continue at this dose Q15MIN PRN
- If after 3 PRN doses dyspnea remains severe, continue providing opioid Q15MIN PRN and add step 2

**Step 2:**
- midazolam 5 mg IV/subcutaneous Q15MIN PRN. Call MRP to inform of progression.
- If MD present, may give midazolam 5 mg IV Q5MIN to effect
- If after 10 mg of midazolam, dyspnea/agitation persists, continue midazolam Q5MIN PRN and go to step 3

**Step 3:**
- Stop all previous methotrimeprazine orders
- methotrimeprazine 12.5 mg IV/subcutaneous Q30MIN PRN, 1st dose STAT.
- Call MRP to inform of progression and go to step 4
  
**Note:** methotrimeprazine takes time to reach effect but will provide longer-lasting relief

**Step 4:**
- If patient remains in distress, continue providing all above PRNs
- MRP encouraged to call Fraser Health Palliative Physician for further recommendations

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**DRUG & FOOD ALLERGIES**

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

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**Date (dd/mm/yyyy)**
**Time**
**Prescriber Signature**
**Printed Name and College ID #**
Converting to IV/subcutaneous HYDROmorphone for Opioid -Experienced patients

A. If patient is using only HYDROmorphone:

1. Divide any PO HYDROmorphone dose by 2 to obtain equivalent IV/subcutaneous dose (e.g. HYDROmorphone 10 mg PO is 5 mg IV/subcutaneous)
2. Add the total HYDROmorphone IV/subcutaneous doses used in the previous 24 hours (scheduled plus PRN to get the total daily dose (TDD)
3. If pain or dyspnea not currently managed, increase the TDD by 30%
4. Divide the HYDROmorphone IV/subcutaneous TDD by 6 for the Q4H regular dose
5. Calculate new HYDROmorphone IV/subcutaneous PRN dose (recommend 10% of TDD)

B. If the patient is using opioids other than HYDROmorphone

1. Convert all opioids to HYDROmorphone IV/subcutaneous (conversion table available on second page of Actively Dying PPO, please contact pharmacist if more assistance needed)
2. Add the total HYDROmorphone IV/subcutaneous doses used in the previous 24 hours (scheduled plus PRN) to get the total daily dose TDD)
3. Divide the HYDROmorphone IV/subcutaneous TDD by 6 for the Q4H regular dose
4. Calculate new HYDROmorphone IV/subcutaneous PRN dose (recommend 10% of TDD)

Titrating HYDROmorphone

If patient already on scheduled and PRN HYDROmorphone IV/Subcutaneous and

• Required 3 PRN doses in 24 hours or
• Remains symptomatic after 3 scheduled opioid doses

1. Add the total HYDROmorphone IV/subcutaneous doses used in the previous 24 hours (scheduled plus PRN) to get the total daily dose (TDD)
2. Increase the TDD by 30%
3. Divide the HYDROmorphone IV/subcutaneous TDD by 6 for the Q4H regular dose
4. Calculate new HYDROmorphone IV/subcutaneous PRN dose (recommend 10% of TDD)

<table>
<thead>
<tr>
<th>OPIOID</th>
<th>oxyCODONE</th>
<th>morphine</th>
<th>HYDROmorphine</th>
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</thead>
<tbody>
<tr>
<td>Relative potency:</td>
<td>1.5x stronger than morphine</td>
<td>Subcutaneous 2x stronger than oral dosing</td>
<td>5x stronger than morphine</td>
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