Goals of Care

Conversations leading to the ordering of a Goals of Care Designation (GCD) should take place as early as possible in a patient’s course of care. The Goals of Care Designation is created, or the previous GCD is affirmed or changed resulting from this conversation with the patient or, where appropriate, the Alternate Decision-Maker.

Complete the Goals of Care Designation (GCD) Order Set within your electronic system, or if using paper process, complete the Provincial Goals of Care Designation (GCD) paper form (http://www.albertahealthservices.ca/frm-103547.pdf).

Intravenous Fluids

IV Bolus:
- 0.9% NaCl __________ mL over __________ minute(s)

IV Maintenance:
- 0.9% NaCl at __________ mL/hour, reassess after __________ hours
- lactated ringers at __________ mL/hour, reassess after __________ hours

Laboratory Investigations

Hematology
- Complete Blood Count (CBC)
- PT INR

Chemistry
- Electrolytes (Na, K, Cl, CO2)
- Glucose
- Creatinine
- Other

Diagnostic Imaging

- Chest X-Ray 1 projection (anterior-posterior)
- Pelvis X-Ray 1 projection (anterior-posterior)
- Hip X-Ray 2 projections (anterior-posterior & lateral)
  - Right Hip
  - Left Hip
- Femur X-Ray, Unilateral (anterior-posterior & lateral) if prior injury or surgery
  - Right Femur
  - Left Femur

Other Investigations

- Electrocardiogram - 12 Lead (ECG)

Medications

Nonopiate Analgesia - Oral
- acetaminophen tab 650 mg to 1000 mg PO once (maximum dose 3 g per day from all sources)
- acetaminophen tab __________ mg PO __________

Prescriber Signature ___________________________ Date (yyyy-Mon-dd) ___________________________ Time (hh:mm)
### Medications (continued)

**Opiate Analgesia - Parenteral**
- [ ] Notify physician or nurse practitioner for reassessment of analgesia requirements if pain not controlled after administration of maximum dose ordered

*For elderly, frail, low body mass, systemically unwell, or on antihypertensive or sedating medications:*
- [ ] HYDROMorphone 0.25 to 0.5 mg IV once
- [ ] HYDROMorphone 0.25 to 0.5 mg IV every 10 minutes PRN (maximum 5 mg)
- **OR**
- [ ] morphine 1.25 to 2.5 mg IV once
- [ ] morphine 1.25 to 2.5 mg IV every 10 minutes PRN (maximum 7.5 mg)
- **OR**
- [ ] fentaNYL 25 mcg IV once
- [ ] fentaNYL 25 mcg IV every 10 minutes PRN (maximum 100 mcg)

*For previously well patients:*
- [ ] HYDROMorphone 0.5 to 1 mg IV once
- [ ] HYDROMorphone 0.5 to 1 mg IV every 10 minutes PRN (maximum 3 mg)
- **OR**
- [ ] morphine 2.5 to 5 mg IV once
- [ ] morphine 2.5 to 5 mg IV every 10 minutes PRN (maximum 15 mg)
- **OR**
- [ ] fentaNYL 25 to 50 mcg IV once
- [ ] fentaNYL 25 to 50 mcg IV every 10 minutes PRN (maximum 150 mcg)

**Antiemetics**
- [ ] ondansetron 4 mg IV every 8 hours PRN
- [ ] ondansetron 8 mg PO every 8 hours PRN

**Manage Anticoagulation Medications** *(for patients at high risk for clotting [mechanical heart valve or VTE) in last 3 months, discuss with surgeon)*
- [ ] Hold direct oral anticoagulants *(e.g. dabigatran, rivaroxaban, apixaban)*
- [ ] Hold warfarin, administer 5 mg Vitamin K PO once

**OR**
- [ ] If surgery expected within 12 hours and requested by the accepting Surgeon, administer 5 mg Vitamin K IV once *(recommend dilute in 50 mL of NS or D5W and run over 10 to 30 minutes)*
Medications (continued)
Other Medications
  □
  □
  □

Patient Care Orders
Activity
  ✔ Bedrest - turn every 2 hours and provide skin care
  ✔ Pressure Ulcer Prevention Strategies if Braden Score is 18 or less

Diet/Nutrition
Reassess order status once approximate surgery time determined to assure best possible nutritional status prior to surgery. See Enhanced Recovery After Surgery (ERAS) Guidelines.
  □ NPO
  □ NPO: may take medications
  □ Other diet

Monitoring
  ✔ Vital Signs (respiratory rate, pulse, blood pressure, temperature, oxygen saturation)
    ✔ as per provincial guideline
    □ every 4 hours
    □ every _______ minutes
  □ Neurological Vital Signs: Glasgow Coma Scale (GCS)
    □ as per local standards
    □ every 4 hours
    □ every _______ minutes
    □ Notify physician if patient’s GCS decreases by two or more points

Intake and Output
  □ Urinary Catheter - Insert

Respiratory Care
  ✔ O2 Therapy - Titrate to Saturation greater than or equal to 92% or patient baseline
  ✔ Notify physician if O2 Therapy increased by greater than 2 LPM to maintain the same level of oxygenation or if there is a progressive increase in work of breathing

Prescriber Signature  Date (yyyy-Mon-dd)  Time (hh:mm)
Delirium Mitigation and Assessment

Ensure adequate pain relief without over sedation, maintenance of adequate hydration/nutrition, and encourage family member/caregiver to help keep patient oriented to time and place to help decrease delirium risk.

☑ Confusion Assessment Method (CAM) every 8 hours AND if change in patient’s clinical status.

If CAM is positive, discuss with physician regarding Delirium Management

Confusion Assessment Method (CAM) Score for diagnosis of delirium:

Both of these symptoms must be present (check all that apply):

- Onset was acute and/or behaviour fluctuated
- Evidence of inattention (difficulty focusing, attention, shifting and keeping track)

And at least one of these symptoms must be present (check all that apply):

- Evidence of disorganized thinking (incoherent, rambling, illogical flow of ideas)
- Evidence of inattention (difficulty focusing, attention, shifting and keeping track)

Total Score out of 4

Management of delirium in older persons should always be individualized

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Other Orders

☐ Consult Orthopedics
☐ Consult Internal Medicine
☐ Consult __________________________
☐ __________________________

Prescriber Signature

Date (yyyy-Mon-dd)  Time (hh:mm)