

## Facility Living Medication Orders (Continuing Care Cutover Support Tool)

Last Name (Legal)		First Name (Legal)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(dd-Mon-yyyy)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

The intent of these orders are for short term use (e.g. *overnight*) until an official order can be given. Legacy standing orders are not built into Connect Care and are replaced by Facility Living Admission Order Set. Legacy standing orders discontinue at launch.

- Complete this form 5 weeks prior to launch and send to Pharmacy.
- Only select orders NOT active on the resident's MAR currently.
- If one of these meds are active on the MAR, this order will not be entered. If the resident has a clinical need for a medication from legacy standing order that is not listed below, an official order is required as per current process and a communication with pharmacy.

<b>OFFICE USE ONLY (Cutover Team) →</b>		<b>Able to Enter</b>	
<b>Date of Cutover</b> (dd-Mon-yyyy)		<b>Cutover Team:</b> enter on flowsheet	
<b>Most Responsible Provider</b> (print name)		<b>Yes</b>	<b>No</b>
<b>Medications</b>		<b>Yes</b>	<b>No</b>
<b>Anaphylaxis</b> <i>Nursing Communication - Initiate emergency assistance immediately as per your site practice setting.</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> EPINEPHrine injection anaphylaxis IM 0.3 mg, intramuscular, every 5 minutes, as needed, anaphylaxis, for 3 doses. Administer deep intramuscular to mid-anterior lateral thigh (vastus lateralis). Repeat epinephrine dose every 5 minutes, to a maximum of 3 doses if the resident's condition does not improve. If other doses of epinephrine are required administer in the resident's thigh. Assess for and treat anaphylaxis and monitor response to epinephrine as per AHS Anaphylaxis Management Administration of Intramuscular Epinephrine Policy and notify physician.</li> </ul>			
<b>Cardiovascular Agents</b> (Chest Pain and Goals of Care of R or M) <ul style="list-style-type: none"> <li><input type="checkbox"/> nitroglycerin tablet sublingual 0.3 mg, sublingual, every 5 minutes, as needed, chest pain. Administer up to 3 doses if patient has chest pain. Give only if blood pressure is greater than or equal to 90/60. If 3 doses given and chest pain resolved, notify attending physician. After 3rd dose, if chest pain unresolved after 5 minutes seek emergency care (call EMS or co-located ER and attending physician).</li> <li><input type="checkbox"/> nitroglycerin 0.4 mg/spray spray 1 spray, sublingual, every 5 minutes, as needed, chest pain Administer up to 3 doses if patient has chest pain. Give only if blood pressure is greater than or equal to 90/60. If 3 doses given and chest pain resolved, notify attending physician. After 3rd dose, if chest pain unresolved after 5 minutes seek emergency care (call EMS or co-located ER and attending physician).</li> <li><input type="checkbox"/> acetylsalicylic acid tablet chewable 160 mg, oral, daily as needed, chest pain. Administer WITH 3rd dose of nitroglycerin and if chest pain remains unresolved. Chew if possible. Give if not contraindicated by a) ASA allergy; b) recent gastro-intestinal bleed.</li> </ul>			
<b>Physician Name</b> (print)	<b>Physician Signature</b>	<b>Date</b> (dd-Mon-yyyy)	<b>Time</b> (hh mm)

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<b>OFFICE USE ONLY (Cutover Team) →</b>			<b>Able to Enter</b>	
<b>Medications continued</b>			<b>Yes</b>	<b>No</b>
<b>Cardiovascular Agents</b> <i>(Chest Pain and Goals of Care C)</i> <input type="checkbox"/> nitroglycerin tablet sublingual 0.3 mg, sublingual, every 5 minutes, as needed, chest pain. Administer up to 3 doses if patient has chest pain. Give only if blood pressure is greater than or equal to 90/60. If 3 doses given and chest pain resolved, notify attending physician. After 3rd dose, if chest pain unresolved after 5 minutes seek emergency care <i>(call EMS or co-located ER and attending physician)</i> .  <input type="checkbox"/> nitroglycerin 0.4mg/spray, 1 spray sublingual, every 5 minutes, as needed. Chest pain: Administer up to 3 doses if patient has chest pain. Give only if blood pressure is greater than or equal to 90/60. If 3 doses given, notify attending physician.				
<b>Analgesics and Antipyretics</b> <i>For Fever with no other symptoms, AND, greater than or equal to 37.8 degrees Celsius, OR 1.1 degrees Celsius above residents' baseline:</i> <input type="checkbox"/> acetaminophen tablet 325-650 mg, oral, every 4 hours, as needed, mild pain, temperature greater than 37.5 °C, Acetaminophen <b>Daily Maximum Dosage</b> from all sources: 3000 mg in 24 hours for resident's OVER the age of 65; 4000 mg in 24 hours for residents UNDER the age of 65. Contact prescriber if fever lasts longer than 24 hours.  <i>For Fever with no other symptoms, AND, greater than or equal to 37.8 degrees Celsius, OR 1.1 degrees Celsius above residents' baseline:</i> <input type="checkbox"/> acetaminophen suppository 325-650 mg, rectal, every 4 hours, as needed, mild pain, temperature greater than 37.5 °C, Acetaminophen <b>Daily Maximum Dosage</b> from all sources: 3000 mg in 24 hours for resident's OVER the age of 65; 4000 mg in 24 hours for residents UNDER the age of 65. Contact prescriber if fever lasts longer than 24 hours.				
<b>Antacids</b> <i>Notify Most Responsible Health Practitioner (MRHP) - Contact prescriber if this is patient's first episode of Dyspepsia/Indigestion.</i> <i>Notify Most Responsible Health Practitioner (MRHP) - Contact prescriber if patient is experiencing pain, OR abdominal distention, OR hematemesis, OR diarrhea, OR fever, do NOT administer antacid.</i> <input type="checkbox"/> aluminum hydroxide-magnesium hydroxide 40-40 mg/mL liquid oral 10-20 mL, oral, every 4 hours, as needed. Maximum of 4 doses in 24 hours. <input type="checkbox"/> alginic acid-magnesium carbonate 200 mg-40 mg per tablet chewable 2 tablet, oral, 4 times per day, as needed. Maximum of 4 doses in 24 hours. Recommended for residents requiring dialysis or in renal failure.				
<b>Laxatives</b> <i>Nursing Communication - If resident develops Diarrhea and is on laxatives. Hold laxatives for 48 hours until diarrhea episode is resolved. Inform attending physician.</i>				
<b>Physician Name</b> <i>(print)</i>	<b>Physician Signature</b>	<b>Date</b> <i>(dd-Mon-yyyy)</i>	<b>Time</b> <i>(hh mm)</i>	

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<b>Medications continued</b>			<b>Yes</b>	<b>No</b>
<b>Bowel Management</b> <i>Notify Most Responsible Health Practitioner (MRHP). If resident is experiencing abdominal pain, OR abdominal distention, OR fever, OR blood in stool, OR vomiting, do not administer laxatives and Contact Authorized Prescriber.</i> <i>Until discontinued, if resident is experiencing abdominal pain, OR abdominal distention, OR fever, OR blood in stool, OR vomiting, do not administer laxatives and Contact Authorized Prescriber.</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> fruit lax oral 15-45 mL, oral, 3 times per day, as needed, constipation, with meals. As poor fluid intake can contribute to constipation, aim for a fluid intake of at least 1 to 1.5 Litres (2-3 large glasses of fluid) per day.</li> <li><input type="checkbox"/> psyllium husk <i>(with sugar)</i> power. 3.4g, oral, daily. As poor fluid intake can contribute to constipation, aim for a fluid intake of at least 1 to 1.5 litres (2-3 large glasses of fluid) per day..</li> <li><input type="checkbox"/> polyethylene glycol 3350 powder <i>(NOT for individuals on thickened fluids)</i> 17 g, oral, daily. As poor fluid intake can contribute to constipation, aim for a fluid intake of at least 1 to 1.5 Litres (2-3 large glasses of fluid) per day.</li> <li><input type="checkbox"/> sennosides tablet 8.6-17.2 mg, oral, daily, at bedtime as needed, constipation. As poor fluid intake can contribute to constipation, aim for a fluid intake of at least 1 to 1.5 Litres (2-3 large glasses of fluid) per day</li> </ul>				
<b>Bowel Protocol <i>(choose only the most appropriate order per day)</i></b> <b>Treatment - Day 3 if no bowel movement</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> magnesium hydroxide <i>(as elemental)</i> 33 mg/mL liquid oral 30 mL, oral, 2 times per day, as needed, constipation. If no bowel movement on day 3, give up to 2 doses.</li> <li><input type="checkbox"/> polyethylene glycol 3350 powder <i>(not for individuals on thickened fluids)</i> 17 g, oral, daily as needed, constipation. If no bowel movement on Day 3. Dissolve powder by stirring into 120 to 250 mL of beverage prior to consumption.</li> <li><input type="checkbox"/> lactulose 667 mg/mL liquid oral. 15-30 mL, oral, 2 times per day, as needed, constipation. If no bowel movement on Day 3. Maximum of 2 doses daily.</li> </ul> <b>Treatment - Day 4 if no bowel movement</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> bisacodyl (DULCOLAX) suppository 10 mg, rectal, every 4 days, as needed, constipation, For 1 dose, Insert 1 suppository rectally x 1 dose. If no bowel movement on Day 4.</li> </ul> <b>Treatment - Day 5 if no bowel movement</b> <i>If no bowel movement on Day 5 Notify Most Responsible Health Practitioner (MRHP) - If no bowel movement on Day 5 contact authorized prescriber.</i>				
<b>Ophthalmic Agents</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> hydroxypropylmethylcellulose 0.5% drop eye 1-2 drop, BOTH eyes, 3 times per day, as needed, dry eyes, While awake.</li> </ul>				
<b>Physician Name</b> <i>(print)</i>	<b>Physician Signature</b>	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh mm)</i>	
<b>Cutover Nurse Name</b> <i>(print)</i>	<b>Cutover Nurse Signature</b>	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh mm)</i>	