

## Long Term Care Admission Order Set

**Important** – Form is used for regular and downtime use.  
All fields contain critical data elements that **MUST BE**  
reconciled for downtime.

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	

Select orders by placing a (✓) in the associated box

<b>General Admission</b>		
<input type="checkbox"/> Admit to: _____		
<input type="checkbox"/> Expected Date of Discharge (dd-Mon-yyyy): _____		
<b>Goals of Care</b>		
<p><i>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.</i></p> <p><i>Select a GCD order below and document the content of conversations and/or decisions on the Advanced Care Planning (ACP)/GCD Tracking Record.</i></p> <p><i>Specify on the GCD order if there are specific clarifications to this GCD Order. Document these clarifications on the ACP/GCD Tracking Record as well.</i></p>		
<b>Goals of Care Status</b>		
<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3
<input type="checkbox"/> M1	<input type="checkbox"/> M2	<input type="checkbox"/> C1
<input type="checkbox"/> C2		
<input type="checkbox"/> Nursing Communication - Goals of Care Designation Order to be determined by patient Admission Conference		
<b>Visitation Status</b>		
<input type="checkbox"/> Restricted visitation status - Social Leaves <i>Resident may have unlimited social leaves</i>		
<input type="checkbox"/> Restricted visitation status - Requires Supervised Social Leaves <i>Resident must be accompanied on social leave by</i> _____		
<input type="checkbox"/> Passes		
<input type="checkbox"/> No Passes		
<b>Diet and Nutrition</b>		
<input type="checkbox"/> Adult Diet (specify) _____		
<input type="checkbox"/> Adult Diet - Regular		
<input type="checkbox"/> Adult Diet - Diabetic Medium (1600-1800kCal)		
<input type="checkbox"/> Adult Diet - Easy to Chew		
<input type="checkbox"/> Adult Diet - Dysphagia Soft		
<input type="checkbox"/> Adult Diet - Minced		
<input type="checkbox"/> Adult Diet - Pureed		
<input type="checkbox"/> Total Fluid Intake (TFI) (specify) _____		
<b>Patient Care</b>		
<b>Activity</b>		
<input type="checkbox"/> No Activity Restrictions		
<input type="checkbox"/> Strict Bed Rest		
<input type="checkbox"/> Bed Rest with Privileges		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh:mm)

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<b>Patient Care continued</b>		
<b>Vital Signs</b> <input type="checkbox"/> Vital Sign - Per Protocol <input type="checkbox"/> Vital Signs - Every 2 months <input type="checkbox"/> Pulse Oximetry - Daily for 3 days <input type="checkbox"/> No Vital Signs - Do not record vital signs		
<b>POCT Glucose</b> <input type="checkbox"/> Glucose Meter POCT <i>4 times daily before meals and at bedtime for 4 days. Assess 15 to 30 minutes before scheduled meals and at bedtime, AND PRN for suspected hypoglycemia.</i> <input type="checkbox"/> Glucose Meter POCT once <input type="checkbox"/> Notify Most Responsible Health Practitioner (MRHP) - Blood Glucose Targets <i>If blood glucose is less than 4.0 mmol/L initiate AHS Hypoglycemia Policy and contact authorized Prescriber. If blood glucose is greater than 18.0 mmol/L OR if patient on insulin pump SGLT2 inhibitors and blood glucose is greater than 14.0 mmol/L initiate hypoglycemia Procedure, and notify Authorized prescriber and collect ketones.</i>		
<b>Patient Care Assessments</b> <input type="checkbox"/> Nursing Communication - Skin Assessment <i>Nursing to complete skin assessment.</i> <input type="checkbox"/> Nursing Communication - Behaviour Mapping <i>Nursing to complete Behaviour Mapping daily for 2 weeks.</i>		
<b>Respiratory Interventions</b> <input type="checkbox"/> Oxygen Therapy <i>Titrate Oxygen to maintain saturation range at or above 89%.</i>		
<b>Medications</b>		
<b>Anticoagulants</b> <input type="checkbox"/> Inpatient Consult to Pharmacy <i>Reason for Consult? - Warfarin Therapy</i>		
<b>Influenza</b> <input type="checkbox"/> Influenza Outbreak - CrCl 10 to 30 mL/min <input type="checkbox"/> oseltamivir capsule <i>30 mg, oral, daily for 5 days, for influenza treatment, Routine.</i> <input type="checkbox"/> oseltamivir capsule <i>30 mg, oral, every 2 days, for 10 days, for influenza prophylaxis (For 10 days or duration of outbreak, whichever is longer), Routine.</i>		
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### Medications continued

#### Influenza continued

☐ Influenza Outbreak - CrCl 31 to 60 mL/min

☐ oseltamivir capsule

*30 mg, oral, 2 times per day, for 5 days, for influenza treatment, Routine*

☐ oseltamivir capsule

*30 mg, oral, daily, for 10 days, for influenza prophylaxis (For 10 days or duration of outbreak, whichever is longer), Routine.*

☐ Influenza Outbreak - CrCl over 60 mL/min

☐ oseltamivir capsule

*75 mg, oral, 2 times per day, for 5 days, for influenza treatment, Routine.*

☐ oseltamivir capsule

*75 mg, oral, daily, for 10 days, for influenza prophylaxis (For 10 days or duration of outbreak, whichever is longer), Routine.*

☐ Influenza Outbreak - Hemodialysis

☐ oseltamivir capsule

*30 mg, oral, user specified, for 3 doses, give after dialysis, for influenza treatment, Routine.*

☐ oseltamivir capsule

*30 mg, oral, user specified, for 10 days, give after dialysis For influenza prophylaxis (For 10 days or duration of outbreak, whichever is longer), Routine.*

#### Anaphylaxis

☐ Nursing Communication - Initiate emergency assistance immediately as per your site practice setting

☐ 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.*

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### Medications continued

#### Cardiovascular Agents

☐ Chest Pain and Goals of Care of R or M

☒ nitroglycerin

*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).*

#### CHOOSE ONE

☐ nitroglycerin tablet sublingual

*0.3 mg, sublingual, every 5 minutes, as needed, for chest pain.*

☐ nitroglycerin 0.4 mg/spray translingual spray

*1 spray, sublingual, every 5 minutes, as needed, for chest pain*

☒ acetylsalicylic acid tablet chewable 160 mg

*160 mg, oral, daily as needed, for 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, Routine.*

☐ Chest Pain and Goals of Care C

☒ nitroglycerin

*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.*

#### CHOOSE ONE

☐ nitroglycerin tablet sublingual

*0.3 mg, sublingual, every 5 minutes, as needed, for chest pain.*

☐ nitroglycerin 0.4 mg/spray translingual spray

*1 spray, sublingual, every 5 minutes, as needed, for chest pain.*

#### Analgesics and Antipyretics

*For Fever with no other symptoms, AND, greater than or equal to 37.8 degrees Celsius above residents' baseline. Complete resident assessment to determine the underlying cause.*

☒ acetaminophen tablet 325-600 mg

*325-650 mg, oral, every 4 hours, as needed, for mild pain, temperature greater than 37.5 °C, Acetaminophen DAILY MAXIMUM DOSAGE 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.*

**OR**

☒ acetaminophen suppository 325-600 mg

*325-650 mg, oral, every 4 hours, as needed, for mild pain, temperature greater than 37.5 °C, Acetaminophen DAILY MAXIMUM DOSAGE 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. Remove suppository from wrapper, cut as appropriate for ordered dose, and insert rectally. Routine.*

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### Medications continued

#### Antacids

- ☐ aluminum hydroxide-magnesium hydroxide 40-40mg/mL liquid oral  
*10-20 mL, oral, every 4 hours, as needed, Maximum of 4 doses in 24 hours.*
- ☐ alginic acid-magnesium carbonate 200 mg - 40 mg per tablet chewable  
*2 tablets, oral, 4 times per day, as needed, Maximum of 4 doses in 24 hours. Recommended for residents requiring dialysis or in renal failure.*
- ☐ Notify Most Responsible Health Practitioner (MRHP) - Contact prescriber if this is patient's first episode of Dyspepsia/Indigestion
- ☐ 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

#### Laxatives

- ☐ Nursing Communication - If resident develops Diarrhea and is on laxatives. Hold laxatives for 48 hours until diarrhea episode is resolved. Inform attending physician.

#### Bowel Management

- ☐ fruit lax oral  
*15-45 mL, oral, 3 times per day, as needed, for constipation, With meals. As poor fluid intake can contribute to constipation, aim for fluid intake of at least 1 to 1.5 Liters (2-3 large glasses of fluid) per day.*
- ☐ psyllium husk (with sugar) powder  
*3.4g, oral, daily, As poor fluid intake can contribute to constipation, aim for fluid intake of at least 1 to 1.5 Liters (2-3 large glasses of fluid) per day.*
- ☐ sennoside tablet  
*8.6-17.2 mg, oral, daily, at bedtime as needed, for constipation, As poor fluid intake can contribute to constipation, aim for fluid intake of at least 1 to 1.5 Liters (2-3 large glasses of fluid) per day.*
- ☐ 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.

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### Medications continued

#### Bowel Management continued

☐ Bowel Protocol

*If constipation develops on usual bowel routine continue with treatment*

☐ Treatment - Day 3

*If no bowel movement on Day 3*

#### CHOOSE ONE

☐ magnesium hydroxide (as elemental) 33 mg/mL liquid oral

*30 mL, oral, 2 times per day, as needed, for constipation, If no bowel movement on day 3, give up 2 doses.*

☐ polyethylene glycol 3350 powder (NOT for individuals on thickened fluids)

*17 g, oral, daily as needed, for constipation, If no bowel movement on day 3, Dissolve powder by stirring into 120 to 250 mL of beverage prior to consumption.*

☐ lactulose 667 mg/mL liquid oral

*15-30 mL, oral, 2 times per day, as needed, for constipation, If no bowel movement on day 3. Maximum of 2 doses daily.*

☐ Treatment - Day 4

*If no bowel movement on Day 4*

☐ bisacodyl (DULCOLAX) SUPPOSITORY

*10 mg, rectal, every 4 days, as needed, for constipation, Insert 1 suppository rectally if no bowel movement on Day 4.*

☐ Treatment - Day 5

*If no bowel movement on Day 5*

☐ Notify Most Responsible Health Practitioner (MRHP) - If no bowel movement on Day 5 contact authorized prescriber.

#### Ophthalmic Agents

☐ hydroxypropylmethylcellulose 0.5% drop eye

*1-2 drops, BOTH eyes, 3 times per day, as needed, for dry eyes, While awake.*

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### Immunizations

*Determine whether previous injection in relevant timeframe has already been administered before ordering.*

- ☐ pneumococcal (20 conjugate) vaccine (Prevnar -20) injection  
*0.5 mL, intramuscular, once, Administer once with resident verbal informed consent. If resident meets criteria, then administer pneumococcal vaccine on admission.*
- ☐ Nursing Communication - Annual Flu Vaccine  
*Administer once during influenza season, with resident verbal informed consent. Should NOT be given while patient is febrile or acutely ill. To be given during influenza season if NOT already vaccinated. In the event of a confirmed influenza outbreak, antiviral prophylaxis and treatment should be provided as per direction of the Medical Officer of health.*

### Consults/ Referrals

#### IP Allied Health Consults

- ☒ Inpatient Consult to Occupational Therapy  
*Reason for consult? Functional ADL*
- ☒ Inpatient Consult to Physical Therapy  
*Reason for consult? Assess and Treat*
- ☒ Inpatient Consult to Recreation Therapy  
*Reason for consult? Recreation Therapy Assessment*
- ☒ Inpatient Consult to Dietitian  
*Reason for Consult? \_\_\_\_\_*

### Procedures

#### Ear Cerumen Removal

- ☐ Ear Cerumen Panel
- ☐ Nursing Communication - Ear Cerumen Removal  
*Administer 2 drops of \_\_\_\_\_ oil to affected ear(s) daily at bedtime for 5 days consecutively prior to flushing ears. Ear flushing procedure to be completed in accordance with the site practice every 10 days PRN.*
- ☐ Nursing Communication - Ear Cerumen Removal  
*If ear wax was not successfully removed after initial flushing, nursing team may repeat procedure. Repeat flushing should not occur sooner than 10 days from initial flushing. If clinician is still unsuccessful after repeating procedure or if the condition persists for greater than 5 days, Contact Authorized Prescriber*

#### Notes

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