

Hospice Admission, Adult Order Set

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

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

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	

General Admission

- ☐ Admit to: _____
- ☐ Expected Date of Discharge (dd-Mon-yyyy): _____

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.

Select a GCD order below and document the content of conversations and/or decisions on the Advanced Care Planning (ACP)/GCD Tracking Record.

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.

Goals of Care Status

- ☐ R1 ☐ R2 ☐ R3 ☐ M1 ☐ M2 ☐ C1 ☐ C2

Isolation

Suspected or Known	Airborne	Airborne & Contact	Contact	Contact & Droplet	Droplet
Antibiotic Resistant Organism (ARO) (e.g. MRSA, VRE, CPO)			X		
C. difficile infection			X		
Chickenpox		X			
Gastroenteritis - infectious, no vomiting			X		
Gastroenteritis - infectious, vomiting				X	
Group A Streptococcus, invasive infection				X	
Influenza-like Illness				X	
Measles	X				
Meningitis - Bacterial or cause unknown					X
Meningococcus, invasive infection					X
Mumps					X
Mycobacterium tuberculosis (pulmonary)	X				
Mycoplasma pneumoniae					X
Pertussis					X
Respiratory tract infection, viral				X	
Rubella (German measles)					X
Shingles - Disseminated		X			

Safety and Precautions - Refer to Infection Prevention and (IPC) guidelines

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Isolation continued

- ☐ Initiate Airborne Isolation
- ☐ Initiate Airborne and Contact Isolation
- ☐ Initiate Contact Isolation
- ☐ Initiate Contact and Droplet Isolation
- ☐ Initiate Droplet Isolation
- ☐ Discontinue Isolation

Legal Status

Adult Guardianship and Trusteeship Act

- ☒ Nursing Communication - Identify
Until discontinued, Until Specified.
Identify the Alternate Decision Maker and those whom the patient would wish to be present during discussions which may include family, by means of the following:
 - *If the patient has capacity, asking the patient directly*
 - *Refer to Adult Guardianship and Trusteeship Act*
- ☒ Nursing Communication - Review
Until discontinued, Until Specified.
Review all the patient's relevant legal documents (i.e. personal directive, guardianship orders, and Power of Attorney) and/or green sleeve.

Visitation Status

- ☐ May have passes PRN (specify times) _____

Implantable Cardioverter Defibrillator

- ☐ Nursing Communication - Deactivate ICD
Deactivate ICD (Implantable Cardioverter Defibrillator) as discussed with Patient/Alternative Decision Maker

Diet and Nutrition

- ☐ NPO - nothing by mouth
- ☐ Adult Diet - Clear Fluid
- ☐ Adult Diet - Full Fluid
- ☐ Adult Diet - Regular
- ☐ Adult Diet (specify) _____

Patient Care

Precautions and Safety

- ☐ Seizure Precautions
and Monitoring as per unit policy
- ☐ Nursing Communication - Braden Scale Monitoring as per unit policy
- ☐ Nursing Communication - May put up all 4 side rails
Follow restraint monitoring as per policy
- ☐ Nursing Communication - Managed Risk Agreement
complete a Managed Risk Agreement as required (e.g. eating at risk, mobilization)

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Patient Care continued		
Activity		
<input type="checkbox"/> Activity as Tolerated <input type="checkbox"/> Activity - Specify Instructions _____ <input type="checkbox"/> Strict bed rest <input type="checkbox"/> Bed rest with privileges		
POCT Glucose		
<input type="checkbox"/> Glucose Meter POCT <i>4 times daily before meals and at bedtime, 15 to 30 minutes before scheduled meals and at bedtime, AND PRN for suspected hypoglycemia.</i>		
<input type="checkbox"/> Glucose Meter POCT <i>Daily at Night (0200)</i>		
<input type="checkbox"/> Glucose Meter POCT <i>3 times daily after meals, Assess 2 hours post meals time.</i>		
<input type="checkbox"/> Glucose Meter POCT once		
Patient Care Assessments		
<input type="checkbox"/> Nurse may pronounce death as per unit policy		
Patient Care Interventions		
<input type="checkbox"/> Nursing Communication - May consume alcohol <i>alcohol is stored as per unit policy/practice.</i>		
<input type="checkbox"/> Oral Care <i>Per protocol, Mouth care every _____ hour(s).</i>		
<input type="checkbox"/> Nursing Communication - Eye Care		
<input type="checkbox"/> Insert Foley Catheter		
<input type="checkbox"/> Urinary catheter care - Change <i>Per unit protocol</i>		
<input type="checkbox"/> Urinary catheter care - Irrigate PRN with 50 mLs of normal saline		
<input type="checkbox"/> Urinary catheter care - Lidocaine 2% gel, apply intra-urethral once PRN, for Foley catheter insertion		
<input type="checkbox"/> Bladder Scan <i>As needed</i>		
<input type="checkbox"/> In and Out Catheter - when required if patient unable to void		
<input type="checkbox"/> Urinary catheter care - Discontinue <i>Once Routine for 1 occurrence</i>		
<input type="checkbox"/> Drain Care - chest		
<input type="checkbox"/> Drain Care - abdomen		
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Patient Care continued

Respiratory Interventions

- ☐ O₂ therapy
Titrate oxygen for patient comfort
- ☐ Nursing Communication - Place patient in upright position (45 degree incline)
- ☐ Clinical Communication - provide fan for dyspnea following organization's infection control practices guidelines

Fluids/Electrolytes

Subcutaneous Fluid Infusions

- ☐ NaCl 0.9% infusion
50 mL/hr, subcutaneous, continuous, Hypodermoclysis (HDC)
- ☐ NaCl 0.9% infusion
50 mL/hr, subcutaneous, continuous, Hypodermoclysis (HDC) from _____ hour to _____ hour
- ☐ NaCl 0.9% infusion
50 mL/hr, subcutaneous, continuous as needed, if at risk of dehydration, Hypodermoclysis (HDC)

Medications

Antifungals

- ☐ nystatin 100,000 unit/mL liquid oral
500,000 units, oral, 4 times per day, For 7 days SWISH and SWALLOW for 7 days then reassess
- ☐ nystatin 100,000 unit/g cream
topical 4 times per day, Apply to _____ area

Anticholinergic

- ☐ glycopyrrolate injection
0.4 mg, subcutaneous, every 2 hours, as needed, reduce upper airway secretions, Glycopyrrolate has less sedating effects
- ☐ scopolamine SC
0.4 mg, subcutaneous, every 2 hours, as needed, reduce upper airway secretions
- ☐ atropine oral liquid
1 mg, every 2 hours, as needed, reduce upper airway secretions
- ☐ atropine injection
0.2 mg, subcutaneous, every 2 hours, as needed, reduce upper airway secretions

Analgesics and Antipyretics

Opioid analgesics are commonly used to treat pain related to progressive and advanced disease. Due to wide variations in pharmacokinetics, bioavailability, metabolism and response in patients, opioid doses cannot be estimated or calculated in advance (NICE, 2016), and therefore are not included in this order set. Opioid selection and dose titration must be individualized to account for the patient's disease burden, prognosis, pain severity, previous use of opioids, history of substance use disorder, presence of hepatic or renal impairment, and other individual variables. If clinically appropriate, opioid analgesics can be ordered as individual items, separate from the order set.

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Medications continued

Analgesics and Antipyretics continued

- ☐ acetaminophen tablet
325 mg, oral, every 4 hours
- ☐ acetaminophen suppository
650 mg, rectal, every 4 hours, scheduled
- ☐ acetaminophen tablet
325 mg, oral, every 4 hours, as needed, for mild pain or temperature greater than 37.5 °C
- ☐ acetaminophen suppository
325 mg, rectal, every 4 hours, as needed, for mild pain, moderate pain or temperature greater than 37.5 °C

Antiemetic

For nausea and vomiting consider: minimize/avoid unpleasant odours, reduce meal size, cool/fizzy drinks rather than hot drinks, avoid food with strong smell and/or taste.
Assess for constipation.

- ☐ metoclopramide PO/SC
Suggest 5 mg for mild/moderate nausea; 24 hour maximum of 80 mg in total, if CrCL less than 40 mL/min; 10 mg for moderate/severe nausea, and CrCl over 40 mL/min
 - ☐ metoclopramide tablet
10 mg, oral, every 4 hours, scheduled
 - ☐ metoclopramide injection
10 mg, subcutaneous, every 4 hours, scheduled
 - ☐ metoclopramide tablet
10 mg, oral, every hour, as needed, for nausea and vomiting
 - ☐ metoclopramide injection
10 mg, subcutaneous, every hour, as needed, for nausea and vomiting
- ☐ If metoclopramide ineffective or contra-indicated, consider haloperidol.
 - ☐ haloperidol tablet
1 mg, oral, every 8 hours, scheduled
 - ☐ haloperidol injection amp
1 mg, subcutaneous, every 8 hours, scheduled
 - ☐ haloperidol tablet
1 mg, oral, every hour, as needed, for nausea and vomiting
 - ☐ haloperidol injection amp
1 mg, subcutaneous, every hour, as needed, for nausea and vomiting

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Medications continued

Antiemetic continued

- ☐ As third line treatment, consider ondansetron. Adjust for renal function. Ondansetron is constipating.
- ☐ ondansetron tablet
4 mg, oral, every 8 hours, scheduled
 - ☐ ondansetron SC
4 mg, subcutaneous, every 8 hours, scheduled
 - ☐ ondansetron tablet
4 mg, oral, every hour, as needed, for nausea and vomiting
 - ☐ ondansetron SC
4 mg, subcutaneous, every hour, as needed, for nausea and vomiting

Gastrointestinal Agents

- ☐ ranITidine tablet
150 mg, oral, 2 times per day, with breakfast and at bedtime.
- ☐ famotidine injection
20 mg, subcutaneous, every 12 hours, scheduled
- ☐ pantoprazole magnesium tablet enteric-coated
40 mg, oral, daily
- ☐ hyoscine butylbromide injection
20 mg, subcutaneous, every 8 hours, scheduled
- ☐ hyoscine butylbromide injection
20 mg, subcutaneous, every hour, as needed for abdominal pain and/or cramping
- ☐ octreotide injection
100 mcg, subcutaneous, every 8 hours, scheduled, To reduce intestinal secretions and nausea/vomiting if bowel obstructed

Laxatives

Monitor for signs and symptoms of obstruction and encourage oral fluids 1 to 2 L/day if tolerated

- ☐ Step 1
Select polyethylene glycol AND/OR sennosides.
 - ☐ polyethylene glycol power
17g, oral, 2 times per day, as needed, for constipation
 - ☐ polyethylene glycol power
17g, oral, 2 times per day
 - ☐ sennosides tablet
8.6 mg, oral, 2 times per day, as needed, for constipation
 - ☐ sennosides tablet
8.6 mg, oral, 2 times per day

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Medications continued

Laxatives continued

- ☐ Step 2 if no bowel movement in 48 to 72 hours or if unable to swallow
- ☐ bisacodyl suppository
10 mg, rectal, every 72 hours, as needed, for constipation
- ☐ Step 3 if no bowel movement within 24 hours after the use of a suppository, perform a rectal exam in consultation with RN to rule out impaction
- ☐ sodium phosphates 9.6 - 3.6 gram/60 mL enema (if stool present)
60 mL, rectal, every 72 hours, as needed, constipation, if suppository not effective
- ☐ Notify Most Responsible Health Practitioner (MRHP) (If no stool present or treatment is not effective)

Central Nervous system Agents

- ☐ haloperidol tablet
1 mg, oral, every 8 hours, scheduled
- ☐ haloperidol tablet
1 mg, oral, every hour, as needed, for agitation/restlessness/distressing hallucinations
- ☐ haloperidol injection amp
1 mg, subcutaneous, every 8 hours, scheduled
- ☐ haloperidol injection amp
1 mg, subcutaneous, every hour, as needed, for agitation/restlessness/distressing hallucinations
- ☐ OLANzapine tablet
2.5 mg, oral, every 8 hours, scheduled
- ☐ OLANzapine tablet
2.5 mg, oral, every hour, as needed, for agitation/restlessness/distressing hallucinations
- ☐ OLANzapine tablet orally disintegrating
2.5 mg, oral, every 8 hours, scheduled
- ☐ OLANzapine tablet orally disintegrating
2.5 mg, oral, every hour, as needed, for agitation/restlessness/distressing hallucinations
- ☐ methotrimeprazine tablet
6.25 mg, oral, every 4 hours, scheduled
- ☐ methotrimeprazine tablet
6.25 mg, oral, every hour, as needed, for agitation/restlessness/distressing hallucinations
- ☐ methotrimeprazine injection amp
6.25 mg, subcutaneous, every 4 hours, scheduled
- ☐ methotrimeprazine injection amp
6.25 mg, subcutaneous, every hour, as needed, for agitation/restlessness/distressing hallucinations

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Medications continued

Central Nervous System Agents continued

- ☐ LORazepam tablet
0.5 mg, oral, 2 times per day
- ☐ LORazepam tablet
0.5 mg, oral, every 2 hours, as needed, for anxiety
- ☐ LORazepam tablet
0.5 mg, sublingual, 2 times per day
- ☐ LORazepam tablet
0.5 mg, sublingual, every 2 hours, as needed, for anxiety
- ☐ LORazepam injection
0.5 mg, every 12 hours, scheduled
- ☐ LORazepam injection
0.5 mg, every 2 hours, as needed, for anxiety
- ☐ clonazepam tablet
0.25 mg, oral, 2 times per day
- ☐ clonazepam tablet
0.25 mg, oral, every 4 hours, as needed, for anxiety

Sedative and Hypnotics

- ☐ zopiclone tablet
7.5 mg, oral, daily, at bedtime as needed, for insomnia
- ☐ zopiclone tablet
7.5 mg, oral, daily, at bedtime
- ☐ traZODone tablet
50 mg, oral, daily, at bedtime as needed, for insomnia
- ☐ traZODone tablet
50 mg, oral, daily, at bedtime

Anticonvulsants

- ☐ midazolam injection
5 mg, subcutaneous, every 5 minutes, as needed, active seizure greater than 2 minutes, Notify MRHP if midazolam is ineffective

Hospice Dyspnea Order Panel

Opioid analgesics are commonly used to treat dyspnea related to progressive and advanced disease. Due to wide variations in pharmacokinetics, bioavailability, metabolism and response in patients, opioid doses cannot be estimated or calculated in advance (NICE, 2016), and therefore are not included in this order panel.

Opioid selection and dose titration must be individualized to account for the patient's disease burden, prognosis, pain severity, previous use of opioids, history of substance use disorder, presence of hepatic or renal impairment, and other individual variables. If clinically appropriate, consider using the same opioids patient is currently on, and titrating to control dyspnea.

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Medications continued

Hospice Dyspnea Order Panel

- ☐ dexAMETHasone tablet
4 mg, oral, 2 times per day, with breakfast and lunch, administer before 1400 hours to prevent insomnia
- ☐ dexAMETHasone injection
4 mg, subcutaneous, 2 times per day, with breakfast and lunch, administer before 1400 hours to prevent insomnia
- ☐ salbutamol 100 mcg/actuation inhaler
2 puff, inhalation, every 4 hours, scheduled, with spacer/mask
- ☐ salbutamol 100 mcg/actuation inhaler
2 puff, inhalation, every hour, as needed, for dyspnea, with spacer/mask
- ☐ ipratropium 20 mcg/actuation inhaler
2 puff, inhalation, every 4 hour, scheduled, with spacer/mask
- ☐ ipratropium 20 mcg/actuation inhaler
2 puff, inhalation, every hour, as needed, for dyspnea, with spacer/mask
- ☐ furosemide tablet - Only indicated for heart failure patients with dyspnea
40 mg, oral, 2 times per day
- ☐ furosemide injection - Only indicated for heart failure patients with dyspnea
40 mg, subcutaneous, 2 times per day
- ☐ furosemide tablet - Only indicated for heart failure patients with dyspnea
40 mg, oral, every 4 hours, as needed, for dyspnea
- ☐ furosemide injection - Only indicated for heart failure patients with dyspnea
40 mg, subcutaneous, every 4 hours, as needed, for dyspnea

Ophthalmic

- ☐ hydroxypropylmethylcellulose 0.5% drop eye
1 drop, BOTH eyes, every hour, as needed, for dry eyes, while awake

Topical Agents

- ☐ artificial saliva gel
oral, 4 times per day, TOPICALLY to oral mucous membrane
- ☐ artificial saliva gel
oral, every hour, as needed, for dry mouth, TOPICALLY to oral mucous membrane
- ☐ macrogol-propylene glycol 15 - 20 % gel
BOTH nostrils, every 4 hours, as needed, for dry nose
- ☐ akabutu's mouthwash liquid oral
30 mL, swish and spit, every hour, as needed, for oral pain/oral sores

Other

- ☐ midazolam injection
5 mg, subcutaneous, every 5 minutes, as needed, for massive distressing hemorrhage, Notify MRHP if midazolam is ineffective

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Consults/Referrals		
IP Specialty Consults		
<input type="checkbox"/> Inpatient Consult to Ostomy Care/Wound Care	Reason for consult? _____	
<input type="checkbox"/> Inpatient Consult to Palliative Medicine	Reason for consult? _____	
IP Allied Health Consults		
<input type="checkbox"/> Inpatient Consult to Occupational Therapy	Reason for consult? _____	
<input type="checkbox"/> Inpatient Consult to Physical Therapy	Reason for consult? _____	
<input type="checkbox"/> Inpatient Consult to Social Work	Reason for consult? _____	
<input type="checkbox"/> Inpatient Consult to Music Therapy	Reason for consult? _____	
<input type="checkbox"/> Inpatient Consult to Spiritual Care	Reason for consult? _____	
<input type="checkbox"/> Inpatient Consult to Dietitian	Reason for consult? _____	
<input type="checkbox"/> Inpatient Consult to Speech Language Therapy	Reason for consult? _____	
<input type="checkbox"/> Inpatient Consult to Pharmacy	Reason for consult? _____	
<input type="checkbox"/> Inpatient Consult to Respiratory Therapy	Reason for consult? _____	
Notes		
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