

General

Admission

- | | |
|---|---|
| <input type="checkbox"/> Admit to inpatient hospice | Diagnosis:
Admitting Physician:
Bed request comments:
Patient to remain under primary care of pre-hospice attending. |
|---|---|

Code Status (Selection Required)

DNR and Modified Code orders should be placed by the responsible physician.

- | | |
|---|---|
| <input type="checkbox"/> Full code | Code Status decision reached by: |
| <input type="checkbox"/> DNR (Do Not Resuscitate) | Does patient have decision-making capacity? |
| <input type="checkbox"/> Modified Code | Does patient have decision-making capacity?
Modified Code restrictions: |
| <input type="checkbox"/> Treatment Restrictions | Treatment Restriction decision reached by:
Specify Treatment Restrictions: |

Isolation

- | | |
|---|---|
| <input type="checkbox"/> Continue current isolation precautions | Routine, Until discontinued, Starting S |
| <input type="checkbox"/> Airborne isolation status | |
| <input type="checkbox"/> Airborne isolation status | Details |
| <input type="checkbox"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. | Once, Sputum |
| <input type="checkbox"/> Contact isolation status | Details |
| <input type="checkbox"/> Droplet isolation status | Details |
| <input type="checkbox"/> Enteric isolation status | Details |

Precautions

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Aspiration precautions | Details |
| <input type="checkbox"/> Fall precautions | Increased observation level needed: |
| <input type="checkbox"/> Latex precautions | Details |
| <input type="checkbox"/> Seizure precautions | Increased observation level needed: |

Nursing

Vital Signs

- | | |
|---|--|
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, As needed
Vital signs as needed per patient/family request or comfort assessment |
|---|--|

Activity

- | | |
|--|---|
| <input type="checkbox"/> Activity as tolerated | Routine, Until discontinued, Starting S
Specify: Activity as tolerated
Provide assistance when needed |
|--|---|

Comfort Care

- | | |
|---|---|
| <input type="checkbox"/> Maintain IV access | Routine, Until discontinued, Starting S |
| <input type="checkbox"/> Okay to discontinue foley catheter for comfort | Routine, Once For 1 Occurrences |
| <input type="checkbox"/> Insert and maintain Foley | |
| <input type="checkbox"/> Insert Foley catheter | Routine, Once
Type:
Size:
Urinometer needed: |
| <input type="checkbox"/> Foley Catheter Care | Routine, Until discontinued, Starting S
Orders: Maintain |

<input type="checkbox"/>	Assist patient with personal hygiene	Routine, As needed
<input type="checkbox"/>	Oral care	
<input type="checkbox"/>	Oral care	Routine, Every 4 hours for comfort
<input type="checkbox"/>	Reposition for excessive secretions	Routine, Until discontinued, Starting S
<input type="checkbox"/>	Gentle oral suction if needed	Routine, As needed
<input type="checkbox"/>	Suctioning: Nasotracheal	Routine, As needed Route: Nasotracheal Family may refuse
<input type="checkbox"/>	Suctioning: Oropharyngeal	Routine, As needed Route: Pharynx Family may refuse
<input type="checkbox"/>	Assess for signs/symptoms of discomfort	Routine, Once Assess: May include facial grimacing, furrowed brow, groaning, vocalization, muscle tension, clenched fists/teeth, withdrawal from touch, tremor, diaphoresis, flushing, tearing, restlessness, use of accessory respiratory muscles, nasal flaring, sustained tachypnea rate > 30 breaths/minute.
<input type="checkbox"/>	Nursing wound care	Routine, Every 12 hours Location: Bilateral Site: Other Specify: Bony prominences Irrigate wound? Apply: Dressing Type: Foam 1. Apply foam dressing (e.g. Mepilex) over bony prominences (e.g. sacrum, heels, elbows) to improve comfort and decrease risk of pressure ulcers due to patient immobility
<input type="checkbox"/>	Turn patient	Routine, Now then every 2 hours As tolerated

Discontinue Interventions

<input type="checkbox"/>	Discontinue tube feeding	Routine, Once
<input type="checkbox"/>	Discontinue feeding tube	Routine, Once For 1 Occurrences
<input type="checkbox"/>	Discontinue nasogastric tube	Routine, Once For 1 Occurrences
<input type="checkbox"/>	Discontinue esophageal temperature monitor	Routine, Once For 1 Occurrences
<input type="checkbox"/>	Discontinue pulse oximetry	Routine, Once For 1 Occurrences
<input type="checkbox"/>	Discontinue vital signs	Routine, Once For 1 Occurrences
<input type="checkbox"/>	Discontinue telemetry	Routine, Once For 1 Occurrences
<input type="checkbox"/>	CV pacemaker defib or ilr interrogation	Routine, Once
<input type="checkbox"/>	Discontinue invasive hemodynamic monitoring	Routine, Once For 1 Occurrences
<input type="checkbox"/>	Discontinue dialysis/CRRT	Routine, Once For 1 Occurrences
<input type="checkbox"/>	Discontinue lab draws	Routine, Once For 1 Occurrences
<input type="checkbox"/>	Discontinue bedside glucose checks	Routine, Once For 1 Occurrences
<input type="checkbox"/>	Discontinue BIPAP	Routine, Once For 1 Occurrences
<input type="checkbox"/>	Discontinue all radiologic imaging	Routine, Once For 1 Occurrences
<input type="checkbox"/>	Discontinue restraints	Routine, Once For 1 Occurrences
<input type="checkbox"/>	Discontinue SCD's	Routine, Once For 1 Occurrences

Diet (Single Response)

<input type="radio"/>	NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
<input type="radio"/>	Diet- Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:

Notify Physician

<input type="checkbox"/> Notify Attending and Treatment Team that patient is now under Hospice Care	Routine, Until discontinued, Starting S
<input type="checkbox"/> Notify hospice when inpatient encounter is transitioned to hospice encounter to obtain additional admission orders	Routine, Until discontinued, Starting S
<input type="checkbox"/> Call LifeGift at time of admission to Hospice if not previously completed	Routine, Until discontinued, Starting S Do not speak with family regarding organ/tissue donation at this time.
<input type="checkbox"/> At time of death, call hospice agency, attending physician and LifeGift	Routine, Until discontinued, Starting S

Registered Nurse (RN) Pronouncement

<input type="checkbox"/> Registered Nurse (RN) pronouncement	Routine, Once For 1 Occurrences Only registered nurses currently licensed in the State of Texas and employed by Houston Methodist Willowbrook Hospital functioning as a validated Registered Nurse (RN) with documented competency may pronounce death in patients in whom death is anticipated. Refer to POLICY # NU006_HMW.
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IV Fluids

Medications

Scheduled Medications (Single Response)

<input type="checkbox"/> dexamethasone (DECADRON) tablet	4 mg, oral, daily
<input type="checkbox"/> dexamethasone (DECADRON) injection	4 mg, intravenous, daily

PRN Medications

Dry Eyes

<input type="checkbox"/> dextran 70-hypromellose (ARTIFICIAL TEARS) ophthalmic solution	2 drop, Both Eyes, every 4 hours PRN, dry eyes
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Dry Mouth

<input type="checkbox"/> saliva stimulant (BIOTENE) spray	mucous membrane, PRN, dry mouth
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Fever

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, fever, for fever GREATER than 100.8 F
<input type="checkbox"/> acetaminophen (TYLENOL) suppository	650 mg, rectal, every 4 hours PRN, fever, for fever GREATER than 100.8 F Use suppository if patient can not take oral medications.

Excessive Secretions

<input type="checkbox"/> atropine 1 % for Sublingual Use	1 drop, sublingual, every 2 hour PRN, excessive secretions ** FOR SUBLINGUAL USE ONLY **
<input type="checkbox"/> glycopyrrolate (ROBINUL) injection	0.4 mg, intravenous, every 2 hour PRN, excessive secretions
<input type="checkbox"/> scopolamine (TRANSDERM-SCOP) 1.5 mg patch	1 patch, transdermal, for 72 Hours, every 72 hours PRN, excessive secretions

Delirium/Restlessness

<input type="checkbox"/> haloperidol (HALDOL) oral solution	2 mg, oral, every 4 hours PRN, agitation Indication:
<input type="checkbox"/> haloperidol lactate (HALDOL) injection	1 mg, intravenous, every 4 hours PRN, delirium Indication:
<input type="checkbox"/> chlorproMAZINE (THORAZINE) injection	25 mg, intravenous, once, For 1 Doses For delirium. Indication:

Pain/Dyspnea

<input type="checkbox"/>	albuterol (ACCUNEB) nebulizer solution	2.5 mg, nebulization, every 15 min PRN, shortness of breath Aerosol Delivery Device:
<input type="checkbox"/>	morPHINE subcutaneous q1h prn	subcutaneous, every 1 hour prn, shortness of breath
<input type="checkbox"/>	morPHINE IV 2 mg q1h prn	2 mg, intravenous, every 1 hour prn, moderate pain (score 4-6), severe pain (score 7-10), shortness of breath
<input type="checkbox"/>	morphine oral solution q1h prn	5 mg, oral, every 1 hour prn, shortness of breath
<input type="checkbox"/>	morphine sublingual q2h prn	5 mg, sublingual, every 2 hour PRN, shortness of breath
<input type="checkbox"/>	HYDROmorphone (DILAUDID) subcutaneous	subcutaneous, every 1 hour prn, shortness of breath
<input type="checkbox"/>	HYDROmorphone (DILAUDID) IV q1h prn	0.2 mg, intravenous, every 1 hour prn, moderate pain (score 4-6), severe pain (score 7-10)
<input type="checkbox"/>	HYDROmorphone (DILAUDID) oral solution	1 mg, oral, every 4 hours PRN, shortness of breath

Anxiety (Single Response)

<input type="checkbox"/>	LORazepam (ATIVAN) tablet	1 mg, oral, every 4 hours PRN, anxiety Indication(s): Anxiety
<input type="checkbox"/>	LORazepam (ATIVAN) injection	1 mg, intravenous, every 4 hours PRN, anxiety Indication(s): Anxiety
<input type="checkbox"/>	LORAZepam (ATIVAN) oral solution	1 mg, sublingual, every 4 hours PRN, anxiety Indication:

Myoclonus (Single Response)

<input type="checkbox"/>	diazePAM (VALIUM) tablet	5 mg, oral, every 4 hours PRN, anxiety, myoclonus Indication(s):
<input type="checkbox"/>	diazePAM (VALIUM) injection	5 mg, intravenous, every 4 hours PRN, anxiety, myoclonus Indication:
<input type="checkbox"/>	diazePAM (DIASTAT ACUDIAL) rectal kit	10 mg, rectal, once PRN, seizures, myoclonus Notify Attending when administered.
<input type="checkbox"/>	LORAZepam (ATIVAN) tablet 1 mg	1 mg, oral, every 4 hours PRN, anxiety, myoclonus Indication(s):
<input type="checkbox"/>	LORazepam (ATIVAN) injection	1 mg, intravenous, every 4 hours PRN, myoclonus Indication(s): Myoclonus

Insomnia

<input type="checkbox"/>	ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
<input type="checkbox"/>	doxepin (SINEquan) 10 mg/mL solution - oral	oral, nightly PRN, sleep Indication:
<input type="checkbox"/>	doxepin (SINEquan) 10 mg/mL solution - sublingual	sublingual, nightly PRN, sleep Indication:

Itching

<input type="checkbox"/>	cetirizine (ZyrTEC) tablet	10 mg, oral, daily PRN, allergies, for itching in patients >65 years of age
<input type="checkbox"/>	diphenhydrAMINE (BENADRYL) injection	12.5 mg, intravenous, every 6 hours PRN, itching

Constipation

<input type="checkbox"/>	bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation
<input type="checkbox"/>	senna (SENOKOT) tablet	2 tablet, oral, 2 times daily PRN, constipation

Anti-emetics

<input type="checkbox"/>	ondansetron ODT (ZOFran-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/>	ondansetron (ZOFran) tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/>	ondansetron (ZOFran) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/>	prochlorperazine (COMPAZINE) tablet	5 mg, oral, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/>	metoclopramide (REGLAN) tablet	5 mg, oral, every 8 hours PRN, nausea, vomiting

Labs

Cardiology

Imaging

Other Studies

Respiratory

Respiratory

OK to extubate

Prepare for terminal extubation of a mechanically ventilated patient Routine, Until discontinued, Starting S

Prior to terminal extubation, ensure patient/family informed, agree to continue DNR/DNI, OOH if discharged. Routine, Until discontinued, Starting S

Oxygen support/humidification post-extubation as needed for comfort via BiPaP, NRB, NC, simple face mask Routine, Until discontinued, Starting S

Perform terminal extubation during Time Out, to include but not limited to the registered nurse (RN), respiratory care practitioner (RCP), and the Charge Nurse (CN, if available). Routine, Until discontinued, Starting S

Ok to extubate Routine, Until discontinued, Starting S

Oxygen therapy- Nasal cannula Routine, Continuous
Device 1: Nasal Cannula
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
Titrate to keep O2 Sat Above: Other (Specify)
Specify titration to keep O2 Sat (%) Above:
Indications for O2 therapy:
Device 2:
Device 3:

Oxygen therapy- Non-rebreather mask Routine, Continuous
Device 1: Non-rebreather mask
Rate in liters per minute:
Titrate to keep O2 Sat Above: Other (Specify)
Specify titration to keep O2 Sat (%) Above:
Indications for O2 therapy:
Device 2:
Device 3:

Oxygen therapy- Simple face mask Routine, Continuous
Device 1: Simple Face Mask
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
Titrate to keep O2 Sat Above: Other (Specify)
Specify titration to keep O2 Sat (%) Above:
Indications for O2 therapy:
Device 2:
Device 3:

BIPAP Routine, Once
Instructions for As Directed:
Mode:
Resp Rate (breaths/min):
IPAP (cm H2O):
EPAP (cm H2O):
O2 Bleed In (L/min):
FiO2:
for comfort per RT

Wean down oxygen for signs of dyspnea, comfort, family request Routine, Until discontinued, Starting S

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason: Other specify Specify: Disposition planning/support needs
<input type="checkbox"/> Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:

Additional Orders

Additional Hospice Orders

<input type="checkbox"/> Order comfort cart	Routine, Until discontinued, Starting S
<input type="checkbox"/> Provide bereavement packet (grief support)	Routine, Until discontinued, Starting S
<input type="checkbox"/> Assist with pet visitation if requested	Routine, Until discontinued, Starting S Contact PAWS @713-305-4887 for any needs
<input type="checkbox"/> Houston Methodist Nurse Practitioner allowed to complete death pronouncement	Routine, Until discontinued, Starting S
<input type="checkbox"/> Notify security for any special needs family has regarding deceased	Routine, Until discontinued, Starting S
<input type="checkbox"/> Patient/Family to review/agree on medications, devices, infusions, and nutrition	Routine, Until discontinued, Starting S
<input type="checkbox"/> Review medication list with patient/ family explaining plan for continuation or discontinuation and role in comfort	Routine, Until discontinued, Starting S
<input type="checkbox"/> Assess preferences end of life practices, cultural/spiritual traditions, rituals, body preparation requests	Routine, Until discontinued, Starting S
<input type="checkbox"/> Provide patient/family education, information regarding signs/symptoms of death and dying	Routine, Until discontinued, Starting S