

## General

### Admission

Admit to inpatient hospice

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.

Full code

Code Status decision reached by:

DNR (Do Not Resuscitate)

Did the patient/surrogate require the use of an interpreter?  
 Did the patient/surrogate require the use of an interpreter?  
 Does patient have decision-making capacity?

Modified Code

Did the patient/surrogate require the use of an interpreter?  
 Did the patient/surrogate require the use of an interpreter?  
 Does patient have decision-making capacity?  
 Modified Code restrictions:

Treatment Restrictions

Treatment Restriction decision reached by:  
 Specify Treatment Restrictions:

### Isolation (Selection Required)

ACUTE CARE PATIENT WITH NO AEROSOL GENERATING PROCEDURES PATIENT WITH INTERMITTENT AEROSOL GENERATING TREATMENT/PROCEDURES CRITICAL CARE PATIENT WITH CONTINUOUS AEROSOL GENERATING TREATMENT/PROCEDURES  
 Precautions Standard + Droplet + Contact + Eye Protection Standard + Modified Droplet + Contact + Eye Protection  
 Standard + Airborne + Contact + Eye Protection

Airborne isolation status

Airborne isolation status Details

Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. Once, Sputum

Contact isolation status Details

Droplet isolation status Details

Modified droplet isolation status Details

Enteric isolation status Details

Patient may not require isolation. Will consult infection control. Routine, Until discontinued, Starting S

### Isolation

Enteric isolation status Details

Airborne isolation status

Airborne isolation status Details

Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. Once, Sputum

Contact isolation status Details

Droplet isolation status Details

Patient may not require isolation. Will consult infection control. Routine, Until discontinued, Starting S

### Precautions

Aspiration precautions Details

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
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### Activity

<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated Provide assistance when needed
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### 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="checkbox"/>	NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
<input type="checkbox"/>	Diet- Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI 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
<b>Fever</b>		
<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.
<b>Excessive Secretions</b>		
<input type="checkbox"/>	atropine 1 % for Sublingual Use	1 drop, sublingual, every 2 hour PRN, excessive secretions <b>** FOR SUBLINGUAL USE ONLY **</b>
<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
<b>Delirium/Restlessness</b>		
<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:
<b>Pain/Dyspnea</b>		
<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, severe pain (score 7-10), 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
<b>Anxiety (Single Response)</b>		
<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:
<b>Myoclonus (Single Response)</b>		
<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 (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/> ondansetron (ZOFTRAN) tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/> ondansetron (ZOFTRAN) 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

<input type="checkbox"/> OK to extubate	
<input type="checkbox"/> Prepare for terminal extubation of a mechanically ventilated patient	Routine, Until discontinued, Starting S
<input type="checkbox"/> Prior to terminal extubation, ensure patient/family informed, agree to continue DNR/DNI, OOH if discharged.	Routine, Until discontinued, Starting S
<input type="checkbox"/> Oxygen support/humidification post-extubation as needed for comfort via BiPaP, NRB, NC, simple face mask	Routine, Until discontinued, Starting S
<input type="checkbox"/> 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
<input type="checkbox"/> Ok to extubate	Routine, Until discontinued, Starting S
<input type="checkbox"/> Oxygen therapy- Nasal cannula	Routine, Continuous Device: 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:

<input type="checkbox"/> Oxygen therapy- Non-rebreather mask	Routine, Continuous Device: 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:
<input type="checkbox"/> Oxygen therapy- Simple face mask	Routine, Continuous Device: 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:
<input type="checkbox"/> 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
<input type="checkbox"/> 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

[ ] Assess preferences end of life practices, cultural/spiritual traditions, rituals, body preparation requests	Routine, Until discontinued, Starting S
[ ] Provide patient/family education, information regarding signs/symptoms of death and dying	Routine, Until discontinued, Starting S