

Location: \_\_\_\_\_

General

Admission

☐ **Admit to inpatient hospice** Once, Routine

Admitting Physician:

Bed request comments:

Patient to remain under primary care of pre-hospice attending.

☐ **Code Status** (Required)

@CERMSGREFRESHOPT(674511:21703,,,1)@

☒ **Code Status**

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

☐ **Full code** Continuous, Routine

Code Status decision reached by:

☐ **DNR (Do Not Resuscitate)** (Required)

☒ **DNR (Do Not Resuscitate)** Continuous, Routine

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?

I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT

Active until Signed by the Responsible Attending Physician.:

Code Status decision reached by:

☐ **Consult to Palliative Care Service**

☒ **Consult to Palliative Care Service** Once, Routine

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday.

☐ **Consult to Social Work** Once, Routine

Reason for Consult:

Reason for Consult?

☐ **Modified Code** Continuous, Routine

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:

I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.:

Code Status decision reached by:

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☐ **Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))** Continuous - Treatment Restrictions, Routine

I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.:

Treatment Restriction decision reached by:

Specify Treatment Restrictions:

Code Status decision reached by:

Treatment Restrictions is NOT a Code Status order. It is NOT a Modified Code order. It is strictly intended for Non Cardiopulmonary situations.

The Code Status and Treatment Restrictions are two SEPARATE sets of physician's orders. For further guidance, please click on the link below: [Guidance for Code Status & Treatment Restrictions](#)

Examples of Code Status are Full Code, DNR, or Modified Code. An example of a Treatment Restriction is avoidance of blood transfusion in a Jehovah's Witness patient.

If the Legal Surrogate is the Primary Physician, consider ordering a Biomedical Ethics Consult PRIOR to placing this order. A Concurring Physician is required to second sign the order when the Legal Surrogate is the Primary Physician.

#### Isolation (Required)

Airborne plus Contact isolation is recommended for all Confirmed or Suspect COVID-19 patients regardless of aerosol generating procedure requirements in response to the OSHA standard published June 2021.

Please refer to the Confirmed COVID or PUI section in the [Clinical Resource Guide](#) for PPE guidance.

☐ **Airborne isolation status**

☒ **Airborne isolation status** Continuous, Routine

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

☒ **Contact isolation status** Continuous, Routine, Include eye protection

☐ **Patient may not require isolation. Will consult infection control.** Until discontinued, Routine

#### Isolation

☐ **Enteric isolation status** Continuous, Routine

☐ **Airborne isolation status**

☒ **Airborne isolation status** Continuous, Routine

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

☐ **Contact isolation status** Continuous, Routine

☐ **Droplet isolation status** Continuous, Routine

☐ **Patient may not require isolation. Will consult infection control.** Until discontinued, Routine

#### Precautions

☐ **Aspiration precautions** Continuous, Routine

☐ **Fall precautions** Continuous, Routine

Increased observation level needed:

☐ **Latex precautions** Continuous, Routine

☐ **Seizure precautions** Continuous, Routine

Increased observation level needed:

#### Nursing

##### Vital Signs

☐ **Vital signs - T/P/R/BP** As needed, Routine, Vital signs as needed per patient/family request or comfort assessment

##### Activity

☐ **Activity as tolerated** Until discontinued, Routine, Provide assistance when needed

Specify: ○ Activity as tolerated

##### Comfort Care

☐ **Maintain IV access** Until discontinued, Routine, If IV access lost, please contact hospice agency or palliative care team for sublingual/subcutaneous medication orders. Do not attempt re-insertion of peripheral IV

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- ☐ **sodium chloride 0.9% flush** 10 mL, PRN, line care
- ☐ **Okay to discontinue Foley catheter for comfort** Once, 1, Occurrences, Routine
- ☐ **Insert and maintain Foley**

☒ **Insert Foley catheter** Once, Routine

Type:

Size:

Urinometer needed:

Indication:

Foley catheter may be removed per nursing protocol.

☒ **Foley Catheter Care** Until discontinued, Routine

Orders: Maintain

- ☐ **Assist patient with personal hygiene** As needed, Routine

☐ **Oral care**

☐ **Oral care** Every 4 hours, Routine, for comfort

☐ **Reposition for excessive secretions** Until discontinued, Routine

☐ **Gentle oral suction if needed** As needed, Routine

- ☐ **Suctioning: Nasotracheal** As needed, Routine, Family may refuse

Route: ☐ Nasotracheal

- ☐ **Suctioning: Oropharyngeal** As needed, Routine, Family may refuse

Route: ☐ Pharynx

☐ **Assess for signs/symptoms of discomfort** Once, Routine, 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.

Assess:

☐ **Nursing wound care** Every 12 hours, Routine, 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

Location: ☐ Bilateral

Site: ☐ Other

Specify: Bony prominences

Dressing Type: ☐ Foam

Irrigate wound?

Apply:

This Nursing Order is NOT for a CONSULT for PT Wound Care or WOC nurse. The order is not transmitted to any department.

Do NOT use this order to request :

Bedside debridement, Ultrasound Therapy, Pulsed Lavage, Negative Pressure Vacuum Therapy, Compression therapy, WOC ongoing wound /ostomy management and teaching.

- ☐ **Turn patient** Now then every 2 hours, Routine, As tolerated

**Discontinue Interventions**

- ☐ **Discontinue tube feeding** Once, Routine
- ☐ **Discontinue feeding tube** Once, 1, Occurrences, Routine
- ☐ **Discontinue nasogastric tube** Once, 1, Occurrences, Routine
- ☐ **Discontinue esophageal temperature monitor** Once, 1, Occurrences, Routine
- ☐ **Discontinue pulse oximetry** Once, 1, Occurrences, Routine
- ☐ **Discontinue vital signs** Once, 1, Occurrences, Routine
- ☐ **Discontinue telemetry** Once, 1, Occurrences, Routine
- ☐ **Implantable defibrillator off** Once, 1, Occurrences, Routine
- ☐ **Discontinue invasive hemodynamic monitoring** Once, 1, Occurrences, Routine
- ☐ **Discontinue dialysis/CRRT** Once, 1, Occurrences, Routine
- ☐ **Discontinue lab draws** Once, 1, Occurrences, Routine
- ☐ **Discontinue bedside glucose checks** Once, 1, Occurrences, Routine

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- ☐ **Discontinue BIPAP** Once, 1, Occurrences, Routine
- ☐ **Discontinue all radiologic imaging** Once, 1, Occurrences, Routine
- ☐ **Discontinue restraints** Once, 1, Occurrences, Routine
- ☐ **Discontinue SCD's** Once, 1, Occurrences, Routine

**Diet**

- ☐ **NPO** Diet effective now, Routine

NPO:

Pre-Operative fasting options:

An NPO order without explicit exceptions means nothing can be given orally to the patient.

- ☐ **Diet- Regular** Diet effective now, Routine

Diet(s): ○ Regular

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

**Notify Physician**

- ☐ **Notify Attending and Treatment Team that patient is now under Hospice Care** Until discontinued, Routine
- ☐ **Notify hospice when inpatient encounter is transitioned to hospice encounter to obtain additional admission orders**  
Until discontinued, Routine
- ☐ **Call LifeGift at time of admission to Hospice if not previously completed** Until discontinued, Routine, Do not speak with family regarding organ/tissue donation at this time.
- ☐ **At time of death, call hospice agency, attending physician and LifeGift** Until discontinued, Routine
- ☐ **Bedside RN to coordinate with hospice agency if applicable and complete Funeral Home information on Deceased Navigator** Until discontinued, Routine

**Registered Nurse (RN) Pronouncement**

- ☐ **Registered Nurse (RN) pronouncement** Once, 1, Occurrences, Routine, 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.

**Registered Nurse (RN) Pronouncement**

- ☐ **Registered Nurse (RN) pronouncement** Once, 1, Occurrences, Routine, Only registered nurses currently licensed in the State of Texas and employed by Houston Methodist Cypress 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\_HMCY.

**IV Fluids****Medications****Scheduled Medications**

- ☐ **dexamethasone (DECADRON) tablet** 4 mg, oral, daily
- ☐ **dexamethasone (DECADRON) injection** 4 mg, intravenous, daily

**PRN Medications****Dry Eyes**

- ☐ **dextran 70-hypromellose (ARTIFICIAL TEARS) ophthalmic solution** 2 drop, every 4 hours PRN, dry eyes  
For Ophthalmic use only

**Dry Mouth**

- ☐ **saliva stimulant (BIOTENE) spray** PRN, dry mouth

**PRN Fever**

- ☐ **acetaminophen (TYLENOL) tablet** 650 mg, oral, every 4 hours PRN, for fever GREATER than 100.8 F, fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
- ☐ **acetaminophen (TYLENOL) suppository** 650 mg, rectal, every 4 hours PRN, for fever GREATER than 100.8 F, fever Use suppository if patient can not take oral medications.  
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

### Excessive Secretions

☐ **atropine 1 % for Sublingual Use** 1 drop, sublingual, every 2 hour PRN, excessive secretions

\*\* FOR SUBLINGUAL USE ONLY \*\*

☐ **glycopyrrolate (ROBINUL) injection** 0.4 mg, intravenous, every 2 hour PRN, excessive secretions

Administer 200 microgram IV of glycopyrrolate for every 1 mg of neostigmine. Doses of IV glycopyrrolate should rarely exceed 1 mg or 1,000 micrograms

☐ **scopolamine (TRANSDERM-SCOP) 1.5 mg patch** 1 patch, transdermal, every 72 hours PRN, excessive secretions

### Delirium/Restlessness

☐ **haloperidol (HALDOL) oral solution** 2 mg, oral, every 4 hours PRN, agitation

Indication:

May cause QTc prolongation.

☐ **haloperidol lactate (HALDOL) injection** 1 mg, intravenous, every 4 hours PRN, delirium

Indication:

May cause QTc prolongation.

☐ **chlorproMAZINE (THORAZINE) injection** 25 mg, intravenous, once, 1, Occurrences

Indication:

For delirium.

May cause QTc prolongation.

### Pain/Dyspnea

**If patient on opioid or sedation infusion, please review to ensure adequate dosing for comfort medications.**

☐ **albuterol (ACCUNEB) nebulizer solution** 2.5 mg, nebulization, every 15 min PRN, shortness of breath

Aerosol Delivery Device:

☐ **morPHINE subcutaneous q1h prn** subcutaneous, every 1 hour prn, shortness of breath

☐ **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

☐ **morphine oral solution q1h prn** 5 mg, oral, every 1 hour prn, shortness of breath

Allowance for Patient Preference:

Give if patient cannot receive oral tablet medication but can receive oral solution.

☐ **morphine sublingual q2h prn** 5 mg, sublingual, every 2 hour PRN, shortness of breath

Allowance for Patient Preference:

Give if patient cannot receive oral tablet medication but can receive oral solution.

☐ **HYDROmorphine (DILAUDID) subcutaneous** subcutaneous, every 1 hour prn, shortness of breath

☐ **HYDROmorphine (DILAUDID) IV q1h prn** 0.2 mg, intravenous, every 1 hour prn, moderate pain (score 4-6)

severe pain (score 7-10)

☐ **HYDROmorphine (DILAUDID) oral solution** 1 mg, oral, every 4 hours PRN, shortness of breath

Allowance for Patient Preference:

Give if patient cannot receive oral tablet medication but can receive oral solution.

### Anxiety

☐ **diazePAM (VALIUM) tablet** 5 mg, oral, every 4 hours PRN, anxiety, myoclonus

Indication(s):

☐ **diazePAM (VALIUM) injection** 5 mg, intravenous, every 4 hours PRN, myoclonus, anxiety

Indication:

☐ **haloperidol lactate (HALDOL) injection** 1 mg, intravenous, every 4 hours PRN, delirium

Indication:

May cause QTc prolongation.

☐ **LORazepam (ATIVAN) tablet** 1 mg, oral, every 4 hours PRN, anxiety

Indication(s): ○ Anxiety

☐ **LORazepam (ATIVAN) injection** 1 mg, intravenous, every 4 hours PRN, anxiety

Indication(s): ○ Anxiety

☐ **LORAZepam (ATIVAN) oral solution** 1 mg, sublingual, every 4 hours PRN, anxiety

Indication:

### Myoclonus

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☐ **diazePAM (VALIUM) tablet** 5 mg, oral, every 4 hours PRN, myoclonus

Indication(s):

☐ **diazePAM (VALIUM) injection** 5 mg, intravenous, every 4 hours PRN, myoclonus

Indication:

☐ **diazePAM (DIASTAT ACUDIAL) rectal kit** 10 mg, rectal, once PRN, myoclonus, seizures  
Notify Attending when administered.

☐ **LORAZepam (ATIVAN) tablet 1 mg** 1 mg, oral, every 4 hours PRN, myoclonus

Indication(s):

☐ **LORazepam (ATIVAN) injection** 1 mg, intravenous, every 4 hours PRN, myoclonus

Indication(s): ☐ Myoclonus

#### Insomnia

☐ **ramelteon (ROZEREM) tablet** 8 mg, oral, nightly PRN, sleep

☐ **doxepin (SINEquan) 10 mg/mL solution - oral** 10 , oral, nightly PRN, sleep

Indication:

Indication:

May cause QTc prolongation.

☐ **doxepin (SINEquan) 10 mg/mL solution - sublingual** 10 , sublingual, nightly PRN, sleep

Indication:

Indication:

May cause QTc prolongation.

#### Itching

☐ **cetirizine (ZyrTEC) tablet** 10 mg, oral, daily PRN, for itching in patients >65 years of age

☐ **diphenhydramine (BENADRYL) injection** 12.5 mg, intravenous, every 6 hours PRN, itching

#### Constipation

☐ **bisacodyl (DULCOLAX) suppository** 10 mg, rectal, daily PRN, constipation

☐ **senna (SENOKOT) tablet** 2 tablet, oral, 2 times daily PRN, constipation

#### Anti-emetics

☐ **ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet** 4 mg, oral, every 8 hours PRN, nausea  
vomiting

May cause QTc prolongation.

☐ **ondansetron (ZOFTRAN) tablet** 4 mg, oral, every 8 hours PRN, nausea  
vomiting

May cause QTc prolongation.

☐ **ondansetron (ZOFTRAN) IV** 4 mg, intravenous, every 8 hours PRN, nausea  
vomiting

May cause QTc prolongation.

☐ **prochlorperazine (COMPAZINE) tablet** 5 mg, oral, every 8 hours PRN, nausea  
vomiting

☐ **metoclopramide (REGLAN) tablet** 5 mg, oral, every 8 hours PRN, nausea  
vomiting

#### Labs

#### Cardiology

#### Imaging

#### Other Studies

#### Respiratory

##### Premedication prior to extubation

☐ **morPHINE injection 2 mg** 2 mg, intravenous, once, 1, Occurrences

☐ **morPHINE injection 4 mg** 4 mg, intravenous, once, 1, Occurrences

☐ **hydromorPHONE (DILAUDID) injection 1 mg** 1 mg, intravenous, once, 1, Occurrences

☐ **LORAZepam (ATIVAN) injection 1 mg** 1 mg, intravenous, once, 1, Occurrences

Indication(s):

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- ☐ **glycopyrrolate (ROBINUL) injection 0.4 mg** 0.4 mg, intravenous, once, 1, Occurrences

Administer 200 microgram IV of glycopyrrolate for every 1 mg of neostigmine. Doses of IV glycopyrrolate should rarely exceed 1 mg or 1,000 micrograms

### Respiratory

- ☐ **OK to extubate**

☒ **Ensure neuromuscular blockers discontinued and test train of four adequate for extubation** Until discontinued, Routine

☒ **Prepare for terminal extubation of a mechanically ventilated patient** Until discontinued, Routine

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

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

☒ **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).** Until discontinued, Routine

☒ **Extubate** Once, Routine

- ☐ **Oxygen therapy- Nasal cannula** Continuous, Routine

Device: ☐ Nasal Cannula

Device:

Titrate to keep O2 Sat Above: 92%

Indications for O2 therapy:

- ☐ **Oxygen therapy- Non-rebreather mask** Continuous, Routine

Device: ☐ Non-rebreather mask

Device:

Titrate to keep O2 Sat Above: 92%

Indications for O2 therapy:

- ☐ **Oxygen therapy- Simple face mask** Continuous, Routine

Device: ☐ Simple Face Mask

Device:

Titrate to keep O2 Sat Above: 92%

Indications for O2 therapy:

- ☐ **BIPAP** Once, Routine, for comfort per RT

Instructions for As Directed:

Mode:

- ☐ **Wean down oxygen for signs of dyspnea, comfort, family request** Until discontinued, Routine

### Rehab

#### Consults

For Physician Consult orders use sidebar

#### Ancillary Consults

- ☐ **Consult to Case Management** Once, Routine

Consult Reason: ☐ Other specify

Specify: Disposition planning/support needs

Reason for Consult?

- ☐ **Consult to Palliative Care Service**

☒ **Consult to Palliative Care Service** Once, Routine

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday.

- ☐ **Consult to Social Work** Once, Routine

Reason for Consult:

Reason for Consult?

### Additional Orders

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_



**Additional Hospice Orders**

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