

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

**General**

**Code Status**

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

**Code Status**

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

**Full code Frequency:** Continuous **Priority:** Routine

**Question(s):**

Code Status decision reached by:

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

**DNR (Do Not Resuscitate) Frequency:** Continuous **Priority:** Routine

**Question(s):**

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 Frequency:** Once **Priority:** Routine

**Question(s):**

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

**Process Instructions:**

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 Frequency:** Once **Priority:** Routine

**Question(s):**

Reason for Consult:

Reason for Consult?

**Modified Code Frequency:** Continuous **Priority:** Routine

**Question(s):**

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))** Frequency: Continuous -

Treatment Restrictions **Priority:** Routine

**Question(s):**

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:

**Process Instructions:**

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.

## Nursing

### Activity

**Activity as tolerated** Frequency: Until discontinued **Priority:** Routine

**Question(s):**

Specify:  Activity as tolerated

**Head of bed 30 degrees** Frequency: Until discontinued **Priority:** Routine

**Question(s):**

Head of bed:  30 degrees

**End of life care, comfort measures** Frequency: Until discontinued **Priority:** Routine

### Comfort Care

**Maintain IV access** Frequency: Until discontinued **Priority:** Routine **Comments:** 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

**sodium chloride 0.9% flush** Dose: 10 mL Frequency: PRN **PRN Reasons:** line care

**Okay to discontinue Foley catheter for comfort** Frequency: Once **Frequency Limit:** 1 Occurrences **Priority:** Routine

**Insert and maintain Foley**

**Insert Foley catheter** Frequency: Once **Priority:** Routine

**Question(s):**

Type:

Size:

Urinometer needed:

Indication:

**Primary Ordering Comments:**

Foley catheter may be removed per nursing protocol.

**Foley Catheter Care** Frequency: Until discontinued **Priority:** Routine

**Question(s):**

Orders: Maintain

**Assist patient with personal hygiene** Frequency: As needed **Priority:** Routine

**Oral care**

**Oral care** Frequency: Every 4 hours **Priority:** Routine **Comments:** for comfort

**Reposition for excessive secretions** Frequency: Until discontinued **Priority:** Routine

**Gentle oral suction if needed** Frequency: As needed **Priority:** Routine

**Suctioning: Nasotracheal** Frequency: As needed **Priority:** Routine **Comments:** Family may refuse

**Question(s):**

Route:  Nasotracheal

**Suctioning: Oropharyngeal** Frequency: As needed **Priority:** Routine **Comments:** Family may refuse

**Question(s):**

Route:  Pharynx

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

**Assess for signs/symptoms of discomfort** Frequency: Once Priority: Routine Comments: 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.

**Question(s):**

Assess:

**Nursing wound care** Frequency: Every 12 hours Priority: Routine Comments: 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

**Question(s):**

Location:  Bilateral

Site:  Other

Specify: Bony prominences

Dressing Type:  Foam

Irrigate wound?

Apply:

**Process Instructions:**

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** Frequency: Now then every 2 hours Priority: Routine Comments: As tolerated

**Wound care**

**Nursing wound care** Frequency: Every 12 hours Priority: Routine Comments: 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

**Question(s):**

Site:  Other

Specify: Bony prominences

Dressing Type:  Foam

Location:

Irrigate wound?

Apply:

**Process Instructions:**

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.

**Discontinue Interventions**

- Discontinue tube feeding** Frequency: Once Priority: Routine
- Discontinue feeding tube** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
- Discontinue nasogastric tube** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
- Discontinue esophageal temperature monitor** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
- Discontinue pulse oximetry** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
- Discontinue vital signs** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
- Discontinue telemetry** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
- Implantable defibrillator off** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
- Discontinue invasive hemodynamic monitoring** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
- Discontinue dialysis/CRRT** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
- Discontinue lab draws** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
- Discontinue bedside glucose checks** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
- Discontinue BIPAP** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
- Discontinue all radiologic imaging** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
- Discontinue restraints** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
- Discontinue SCD's** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

**Diet**

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

**Diet - Regular Frequency:** Diet effective now **Priority:** Routine

**Question(s):**Diet(s):  Regular

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

**NPO Frequency:** Diet effective now **Priority:** Routine

**Question(s):**

NPO:

Pre-Operative fasting options:

**Process Instructions:**

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

**Psychological/Psychiatric Assessment**

**Psychological/psychiatric assessment Frequency:** Once **Priority:** Routine

**Question(s):**

Assess:

**IV Fluids****IV Fluids**

**sodium chloride 0.9 % infusion Dose:** 21 mL/hr **Route:** intravenous **Frequency:** continuous

**Medications****Dry Eyes**

**dextran 70-hypromellose (ARTIFICIAL TEARS) ophthalmic solution Dose:** 2 drop **Frequency:** every 4 hours PRN **PRN**

**Reasons:** dry eyes**Product Admin Instructions:**

For Ophthalmic use only

**Dry Mouth**

**saliva stimulant (BIOTENE) spray Frequency:** PRN **PRN Reasons:** dry mouth

**PRN Fever**

**acetaminophen (TYLENOL) tablet Dose:** 650 mg **Route:** oral **Frequency:** every 4 hours PRN **PRN Comment:** for fever GREATER than 100.8 F **PRN Reasons:** fever

**Question(s):**

Allowance for Patient Preference:

**Product Admin Instructions:**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

**acetaminophen (TYLENOL) suppository Dose:** 650 mg **Route:** rectal **Frequency:** every 4 hours PRN **PRN Comment:** for fever GREATER than 100.8 F **PRN Reasons:** fever

**Admin Instructions:**

Use suppository if patient can not take oral medications.

**Product Admin Instructions:**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

**Excessive Secretions**

**atropine 1 % for Sublingual Use Dose:** 1 drop **Route:** sublingual **Frequency:** every 2 hour PRN **PRN Reasons:** excessive secretions

**Admin Instructions:**

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

**glycopyrrolate (ROBINUL) injection Dose:** 0.4 mg **Route:** intravenous **Frequency:** every 2 hour PRN **PRN Reasons:** excessive secretions

**Admin Instructions:**

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

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

**scopolamine (TRANSDERM-SCOP) 1.5 mg patch** Dose: 1 patch Route: transdermal Frequency: every 72 hours PRN  
**PRN Comment:** excessive secretions

**Delirium/Restlessness**

**haloperidol (HALDOL) oral solution** Dose: 2 mg Route: oral Frequency: every 4 hours PRN PRN Reasons: agitation  
**Question(s):**

Indication:

**Product Admin Instructions:**

May cause QTc prolongation.

**haloperidol lactate (HALDOL) injection** Dose: 1 mg Route: intravenous Frequency: every 4 hours PRN PRN Reasons: delirium

**Question(s):**

Indication:

**Product Admin Instructions:**

May cause QTc prolongation.

**chlorproMAZINE (THORAZINE) injection** Dose: 25 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

**Question(s):**

Indication:

**Admin Instructions:**

For delirium.

**Product Admin Instructions:**

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** Dose: 2.5 mg Route: nebulization Frequency: every 15 min PRN PRN  
**Reasons:** shortness of breath

**Question(s):**

Aerosol Delivery Device:

**morPHINE subcutaneous q1h prn** Route: subcutaneous Frequency: every 1 hour prn PRN Reasons: shortness of breath

**morPHINE IV 2 mg q1h prn** Dose: 2 mg Route: intravenous Frequency: every 1 hour prn PRN Reasons: moderate pain (score 4-6)

severe pain (score 7-10)

shortness of breath

**morphine oral solution q1h prn** Dose: 5 mg Route: oral Frequency: every 1 hour prn PRN Reasons: shortness of breath

**Question(s):**

Allowance for Patient Preference:

**Product Admin Instructions:**

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

**HYDRomorphone (DILAUDID) subcutaneous** Route: subcutaneous Frequency: every 1 hour prn PRN Reasons: shortness of breath

**HYDRomorphone (DILAUDID) IV q1h prn** Dose: 0.2 mg Route: intravenous Frequency: every 1 hour prn PRN Reasons: moderate pain (score 4-6)

severe pain (score 7-10)

**HYDRomorphone (DILAUDID) oral solution** Dose: 1 mg Route: oral Frequency: every 4 hours PRN PRN Reasons: shortness of breath

shortness of breath

**Question(s):**

Allowance for Patient Preference:

**Product Admin Instructions:**

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

**Anxiety**

**diazePAM (VALIUM) tablet** Dose: 5 mg Route: oral Frequency: every 4 hours PRN PRN Comment: anxiety, myoclonus

**Question(s):**

Indication(s):

**diazePAM (VALIUM) injection** Dose: 5 mg Route: intravenous Frequency: every 4 hours PRN PRN Comment: myoclonus

PRN Reasons: anxiety

**Question(s):**

Indication:

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

**haloperidol lactate (HALDOL) injection** Dose: 1 mg Route: intravenous Frequency: every 4 hours PRN PRN Reasons:

delirium

**Question(s):**

Indication:

**Product Admin Instructions:**

May cause QTc prolongation.

**LORazepam (ATIVAN) tablet** Dose: 1 mg Route: oral Frequency: every 4 hours PRN PRN Reasons: anxiety

**Question(s):**

Indication(s):  Anxiety

**LORazepam (ATIVAN) injection** Dose: 1 mg Route: intravenous Frequency: every 4 hours PRN PRN Reasons: anxiety

**Question(s):**

Indication(s):  Anxiety

### Myoclonus

**diazePAM (VALIUM) tablet** Dose: 5 mg Route: oral Frequency: every 4 hours PRN PRN Comment: myoclonus

**Question(s):**

Indication(s):

**diazePAM (VALIUM) injection** Dose: 5 mg Route: intravenous Frequency: every 4 hours PRN PRN Comment: myoclonus

**Question(s):**

Indication:

**LORAZepam (ATIVAN) tablet 1 mg** Dose: 1 mg Route: oral Frequency: every 4 hours PRN PRN Comment: myoclonus

**Question(s):**

Indication(s):

**LORazepam (ATIVAN) injection** Dose: 1 mg Route: intravenous Frequency: every 4 hours PRN PRN Reasons:

myoclonus

**Question(s):**

Indication(s):  Myoclonus

### Insomnia

**ramelteon (ROZEREM) tablet** Dose: 8 mg Route: oral Frequency: nightly PRN PRN Reasons: sleep

**doxepin (SINEquan) 10 mg/mL solution - oral** Dose: 10 Route: oral Frequency: nightly PRN PRN Reasons: sleep

**Question(s):**

Indication:

Indication:

**Admin Instructions:**

May cause QTc prolongation.

**doxepin (SINEquan) 10 mg/mL solution - sublingual** Dose: 10 Route: sublingual Frequency: nightly PRN PRN Reasons: sleep

**Question(s):**

Indication:

Indication:

**Admin Instructions:**

May cause QTc prolongation.

### Itching

**cetirizine (ZyrTEC) tablet** Dose: 10 mg Route: oral Frequency: daily PRN PRN Comment: for itching in patients >65 years of age

**diphenhydramine (BENADRYL) injection** Dose: 12.5 mg Route: intravenous Frequency: every 6 hours PRN PRN

Reasons: itching

### Constipation

**bisacodyl (DULCOLAX) suppository** Dose: 10 mg Route: rectal Frequency: daily PRN PRN Reasons: constipation

**senna (SENOKOT) tablet** Dose: 2 tablet Route: oral Frequency: 2 times daily PRN PRN Reasons: constipation

### Anti-emetics

**ondansetron ODT (ZOFran-ODT) disintegrating tablet** Dose: 4 mg Route: oral Frequency: every 8 hours PRN PRN

Reasons: nausea

vomiting

**Product Admin Instructions:**

May cause QTc prolongation.

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

**ondansetron (ZOFTRAN) tablet** Dose: 4 mg Route: oral Frequency: every 8 hours PRN PRN Reasons: nausea vomiting

**Product Admin Instructions:**

May cause QTc prolongation.

**ondansetron (ZOFTRAN) IV** Dose: 4 mg Route: intravenous Frequency: every 8 hours PRN PRN Reasons: nausea vomiting

**Product Admin Instructions:**

May cause QTc prolongation.

**prochlorperazine (COMPazine) tablet** Dose: 5 mg Route: oral Frequency: every 8 hours PRN PRN Reasons: nausea vomiting

**metoclopramide (REGLAN) tablet** Dose: 5 mg Route: oral Frequency: every 8 hours PRN PRN Reasons: nausea vomiting

**VTE****Labs****Cardiology****Imaging****Other Studies****Respiratory****Premedication prior to extubation**

**morPHINE injection 2 mg** Dose: 2 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

**morPHINE injection 4 mg** Dose: 4 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

**hydromorPHONE (DILAUDID) injection 1 mg** Dose: 1 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

**LORAZepam (ATIVAN) injection 1 mg** Dose: 1 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

**Question(s):**

Indication(s):

**glycopyrrolate (ROBINUL) injection 0.4 mg** Dose: 0.4 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

**Admin Instructions:**

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** Frequency: Until discontinued Priority: Routine

**Prepare for terminal extubation of a mechanically ventilated patient** Frequency: Until discontinued Priority: Routine

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

**Oxygen support/humidification post-extubation as needed for comfort via BiPaP, NRB, NC, simple face mask** Frequency: Until discontinued Priority: 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).** Frequency: Until discontinued Priority: Routine

**Extubate** Frequency: Once Priority: Routine

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

**Oxygen therapy - Nasal cannula** Frequency: Continuous Priority: Routine

**Question(s):**Initial Device:  Nasal Cannula

Device:

SpO2 Goal:

SpO2 Goal:

Titrate FiO2 to keep O2 saturations:

Notify Physician if:

Indications for O2 therapy:

Indications for O2 therapy:

**Primary Ordering Comments:**

@CERMSG(661071:25704)@

**Oxygen therapy - Non - rebreather mask** Frequency: Continuous Priority: Routine

**Question(s):**Initial Device:  Non-rebreather mask

Device:

SpO2 Goal:

SpO2 Goal:

Titrate FiO2 to keep O2 saturations:

Notify Physician if:

Indications for O2 therapy:

Indications for O2 therapy:

**Primary Ordering Comments:**

@CERMSG(661071:25704)@

**Oxygen therapy - Simple face mask** Frequency: Continuous Priority: Routine

**Question(s):**Initial Device:  Simple Face Mask

Device:

SpO2 Goal:

SpO2 Goal:

Titrate FiO2 to keep O2 saturations:

Notify Physician if:

Indications for O2 therapy:

Indications for O2 therapy:

**Primary Ordering Comments:**

@CERMSG(661071:25704)@

**Wean down oxygen for signs of dyspnea, comfort, family request** Frequency: Until discontinued Priority: Routine

**BIPAP** Frequency: Once Priority: Routine Comments: for comfort per RT

**Question(s):**

Instructions for As Directed:

Mode:

**Rehab****Consults**

For Physician Consult orders use sidebar

**Ancillary Consults**

**Consult to Social Work** Frequency: Once Priority: Routine

**Question(s):**Reason for Consult:  Hospice Referral

Reason for Consult?

**Consult to Spiritual Care** Frequency: Once Priority: Routine

**Question(s):**

Reason for consult?

Reason for Consult?

**Process Instructions:**

For requests after hours, call the house operator.

**Consult to Palliative Care Service**

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

**Consult to Palliative Care Service** Frequency: Once Priority: Routine

**Question(s):**

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

**Process Instructions:**

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 Wound Ostomy Care Nurse** Frequency: Once Priority: Routine

**Question(s):**

Reason for consult:

Reason for consult:

Reason for consult:

Reason for consult:

Consult for NPWT:

Reason for consult:

Reason for consult:

Reason for Consult?

**Process Instructions:**

This is NOT for PT Wound Care Consult order.

**Additional Orders**

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