

Location: _____

General

Admission

Admit to inpatient hospice Frequency: Once Priority: Routine

Question(s):

Admitting Physician:

Bed request comments:

Process Instructions:

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 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.

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 Frequency: Continuous Priority: Routine

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

Contact isolation status Frequency: Continuous Priority: Routine Comments: Include eye protection

Patient may not require isolation. Will consult infection control. Frequency: Until discontinued Priority: Routine

Isolation

Enteric isolation status Frequency: Continuous Priority: Routine

Airborne isolation status

Airborne isolation status Frequency: Continuous Priority: Routine

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

Contact isolation status Frequency: Continuous Priority: Routine

Droplet isolation status Frequency: Continuous Priority: Routine

Patient may not require isolation. Will consult infection control. Frequency: Until discontinued Priority: Routine

Precautions

Aspiration precautions Frequency: Continuous Priority: Routine

Fall precautions Frequency: Continuous Priority: Routine

Question(s):

Increased observation level needed:

Latex precautions Frequency: Continuous Priority: Routine

Seizure precautions Frequency: Continuous Priority: Routine

Question(s):

Increased observation level needed:

Nursing

Vital Signs

Vital signs - T/P/R/BP Frequency: As needed Priority: Routine Comments: Vital signs as needed per patient/family request or comfort assessment

Activity

Sign: _____ Printed Name: _____ Date/Time: _____

Activity as tolerated Frequency: Until discontinued Priority: Routine Comments: Provide assistance when needed

Question(s):

Specify: Activity as tolerated

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

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

Discontinue Interventions

Discontinue tube feeding Frequency: Once Priority: Routine

Discontinue feeding tube Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Sign: _____ Printed Name: _____ Date/Time: _____

- 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

- 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.

- 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:

Notify Physician

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

Registered Nurse (RN) Pronouncement

- Registered Nurse (RN) pronouncement** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine **Comments:** 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** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine **Comments:** 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** Dose: 4 mg Route: oral Frequency: daily
- dexamethasone (DECADRON) injection** Dose: 4 mg Route: intravenous Frequency: daily

PRN 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

- 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
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:

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): o Anxiety

LORazepam (ATIVAN) injection Dose: 1 mg Route: intravenous Frequency: every 4 hours PRN PRN **Reasons:** anxiety
Question(s):
Indication(s): o Anxiety

Myoclonus

Sign: _____ Printed Name: _____ Date/Time: _____

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 (ZOFTRAN-ODT) disintegrating tablet Dose: 4 mg Route: oral Frequency: every 8 hours PRN PRN Reasons: nausea vomiting

Product Admin Instructions:

May cause QTc prolongation.

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

Labs

Cardiology

Imaging

Sign: _____ Printed Name: _____ Date/Time: _____

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

- 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 Case Management Frequency: Once Priority: Routine

Question(s):

Consult Reason: Other specify

Specify: Disposition planning/support needs

Reason for Consult?

Process Instructions:

If Ordering IV antimicrobial therapy, an additional consult to Case Management OPAT order is needed.

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?

Additional Orders

Additional Hospice Orders

Order comfort cart Frequency: Until discontinued Priority: Routine

Provide bereavement packet (grief support) Frequency: Until discontinued Priority: Routine

Assist with pet visitation if requested Frequency: Until discontinued Priority: Routine Comments: Contact PAWS @713-305-4887 for any needs

Houston Methodist Nurse Practitioner allowed to complete death pronouncement Frequency: Until discontinued Priority: Routine

Notify security for any special needs family has regarding deceased Frequency: Until discontinued Priority: Routine

Patient/Family to review/agree on medications, devices, infusions, and nutrition Frequency: Until discontinued Priority: Routine

Review medication list with patient/ family explaining plan for continuation or discontinuation and role in comfort Frequency: Until discontinued Priority: Routine

Sign: _____ Printed Name: _____ Date/Time: _____

- Assess preferences end of life practices, cultural/spiritual traditions, rituals, body preparation requests** Frequency: Until discontinued **Priority:** Routine
- Provide patient/family education, information regarding signs/symptoms of death and dying** Frequency: Until discontinued **Priority:** Routine