

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

[X] Code Status (Single Response) DNR and Modified Code orders should be placed by the responsible physician.

() Full code Code Status decision reached by: () DNR (Do Not Resuscitate) (Selection Required) [] DNR (Do Not Resuscitate) Did the patient/surrogate require the use of an interpreter? Consult to Palliative Care Service [] Consult to Palliative Care Service Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: [] Consult to Social Work Reason for Consult: () Modified Code Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions:

[] Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest)) 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:

Isolation (Selection 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.

[X] Airborne isolation status [X] Airborne isolation status Include eye protection [] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. Once [X] Contact isolation status Include eye protection [] 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

<input type="checkbox"/> Contact isolation status	Details
<input type="checkbox"/> Droplet isolation status	Details
<input type="checkbox"/> Patient may not require isolation. Will consult infection control.	Routine, Until discontinued, Starting S

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
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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 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
<input type="checkbox"/> sodium chloride 0.9% flush	10 mL, intravenous, PRN, line care
<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"/> Implantable defibrillator off	Routine, Once For 1 Occurrences
<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: An NPO order without explicit exceptions means nothing can be given orally to the patient.
<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
<input type="checkbox"/> Bedside RN to coordinate with hospice agency if applicable and complete Funeral Home information on Deceased Navigator	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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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, Administer over: 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

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

<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 Allowance for Patient Preference:
<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 Allowance for Patient Preference:
<input type="checkbox"/> morphine oral solution q1h prn	5 mg, oral, every 1 hour prn, shortness of breath Allowance for Patient Preference:

<input type="checkbox"/>	morphine sublingual q2h prn	5 mg, sublingual, every 2 hour PRN, severe pain (score 7-10), shortness of breath Allowance for Patient Preference:
<input type="checkbox"/>	HYDROmorphine (DILAUDID) subcutaneous	subcutaneous, every 1 hour prn, shortness of breath
<input type="checkbox"/>	HYDROmorphine (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"/>	HYDROmorphine (DILAUDID) oral solution	1 mg, oral, every 4 hours PRN, shortness of breath Allowance for Patient Preference:

Anxiety (Single Response)

<input type="checkbox"/>	diazePAM (VALIUM) tablet	5 mg, oral, every 4 hours PRN, anxiety, anxiety, myoclonus Indication(s):
<input type="checkbox"/>	diazePAM (VALIUM) injection	5 mg, intravenous, every 4 hours PRN, anxiety, myoclonus Indication:
<input type="checkbox"/>	haloperidol lactate (HALDOL) injection	1 mg, intravenous, every 4 hours PRN, delirium Indication:
<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: Indication:
<input type="checkbox"/>	doxepin (SINEquan) 10 mg/mL solution - sublingual	sublingual, nightly PRN, sleep Indication: 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

Respiratory

Premedication prior to extubation

<input type="checkbox"/>	morPHINE injection 2 mg	2 mg, intravenous, once, For 1 Doses Allowance for Patient Preference:
<input type="checkbox"/>	morPHINE injection 4 mg	4 mg, intravenous, once, For 1 Doses Allowance for Patient Preference:
<input type="checkbox"/>	hydromorPHONE (DILAUDID) injection 1 mg	1 mg, intravenous, once, For 1 Doses
<input type="checkbox"/>	LORAZepam (ATIVAN) injection 1 mg	1 mg, intravenous, once, For 1 Doses Indication(s):
<input type="checkbox"/>	glycopyrrolate (ROBINUL) injection 0.4 mg	0.4 mg, intravenous, once, For 1 Doses

Respiratory

<input type="checkbox"/>	OK to extubate	
<input type="checkbox"/>	Ensure neuromuscular blockers discontinued and test train of four adequate for extubation	Routine, Until discontinued, Starting S
<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: Titrate 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: 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: Titrate to keep O2 Sat Above: Indications for O2 therapy: Device 2: Device 3:
<input type="checkbox"/>	BIPAP	Routine, Once Instructions for As Directed: Mode: for comfort per RT
<input type="checkbox"/>	Wean down oxygen for signs of dyspnea, comfort, family request	Routine, Until discontinued, Starting S

Consults

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	
<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