

General

Code Status (Selection Required)

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

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?

Did the patient/surrogate require the use of an interpreter?

Does patient have decision-making capacity?

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?

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:

Nursing

Activity

Activity as tolerated

Routine, Until discontinued, Starting S

Specify: Activity as tolerated

Head of bed 30 degrees

Routine, Until discontinued, Starting S

Head of bed: 30 degrees

Comfort Care

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

sodium chloride 0.9% flush

10 mL, intravenous, PRN, line care

Okay to discontinue Foley catheter for comfort

Routine, Once For 1 Occurrences

Insert and maintain Foley

Insert Foley catheter

Routine, Once

Type:

Size:

Urinometer needed:

Foley Catheter Care

Routine, Until discontinued, Starting S

Orders: Maintain

Assist patient with personal hygiene

Routine, As needed

Oral care

Oral care

Routine, Every 4 hours

for comfort

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

#### Wound care

<input checked="" type="checkbox"/>	Nursing wound care	Routine, Every 12 hours Location: Site: Other Specify: Bony prominences Irrigate wound? Apply: Dressing Type: Foam 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
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#### 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"/> Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Additional Instructions: Foods to Avoid:
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<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.
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**Psychological/Psychiatric Assessment**

<input type="checkbox"/> Psychological/psychiatric assessment	Routine, Once Assess:
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**IV Fluids**

**IV Fluids**

<input type="checkbox"/> sodium chloride 0.9 % infusion	21 mL/hr, intravenous, continuous
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**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:
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<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

For Physician Consult orders use sidebar

### Ancillary Consults

<input type="checkbox"/> Consult to Social Work	Reason for Consult: Hospice Referral Evaluate for:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<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 Wound Ostomy Care Nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult: