

END-OF-LIFE DOCTOR'S ORDER SHEET		Addressograph
ALLERGY OR SENSITIVITY: <input type="checkbox"/> NO <input type="checkbox"/> YES, List Below _____ _____		DIAGNOSIS:
HEIGHT	WEIGHT lb. / kg	

DOCTOR'S ORDER AND SIGNATURE	
Medical Interventions:	
1. Review meds & treatments & D/C all meds except:	
2. D/C all previously ordered lab work except:	
3. For fever, Acetaminophen 650 mg per rectum q4h prn T > 101 ° F	
4. Isopto Tears 0.5% (or equivalent) 1 drop to each eye q2h prn	
5. Insert foley catheter as needed for comfort	
6. Oxygen 2 liters nasal cannula as needed	
7. Insert S/C line as necessary	
8. For intermittent pain or shortness of breath:	
A. Morphine sulfate _____ mg S/C q1h prn (suggest starting at 2.5 mg)	
or	
B. Hydromorphone (Dilaudid) _____ mg S/C q1h prn (suggest 0.5 - 1 mg)	
9. For anxiety, give Lorazepam 0.5 - 1mg S/C q4h prn	
10. For excessive secretions: Scopolamine 0.3 – 0.6 mg S/C q4h prn (not appropriate for an alert resident)	
11. Palliative care consultation if required (Palliative Pain & Symptom Management Program (346-2732))	
Physician Signature:	Date/Time:
Processed by:	Date/Time:
Checked by:	Date/Time:
Other medications that may be considered & require written individualized orders:	
Seizures: Midazolam (Versed) 2.5mg (0.5ml) s/c stat & q30 min. prn (causes prolonged sedation.)	
End Stage Delirium: Midazolam (Versed) 0.5 – 5mg (0.1 – 1ml) s/c	
Nausea: Metoclopramide (Maxeran) 5 – 10mg q4-6h prn s/c or Haloperidol (Haldol) 0.5mg – 1 mg (0.1 – 0.2ml) s/c q4h prn.	
Poorly controlled Nausea & Vomiting: Methotrimeprazine (Nozinan) 2.5-5mg (0.1-0.2ml) s/c q6h prn	
End Stage Delirium: (to clear sensorium) Methotrimeprazine (Nozinan) 5-25mg (0.2-1ml) s/c bid – tid prn.	
Note: suggested doses above have been reduced for the elderly. Remember to use small doses for individuals with renal impairment.	

END-OF-LIFE Protocol

1. DNR status, goals of care reviewed with physician, resident and family.
2. D/C routine vital signs, except check temperature if fever suspected
3. Monitor patient for comfort q1h (e.g. pain, dyspnea, delirium)
4. Turn and position as needed for comfort and care
5. Offer oral fluids as tolerated while awake
6. Continue with diet as desired and tolerated. Referral/consultation with dietitian sent. If enteral feeds or supplements, consult with dietitian.
7. Mouth care prn (suggest Moistir Spray TM)
8. End Stage Delirium: First identify any possible causes such as rectal impaction, urinary retention, increased pain, medications (opioids, corticosteroids), dehydration, hypoxia, metabolic (diabetes, hypercalcemia) and treat the cause if appropriate.
9. Palliative care consultation if required (Palliative Pain & Symptom Management Program 346-2732)