Discontinue all X-rays and Labs tests for patients admitted for Comfort Care. Med Rec still needs to be completed for all patients.

### General

**Level of Care (Single Response)**

<table>
<thead>
<tr>
<th>Option</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit to Inpatient</td>
<td>Diagnosis: ________________________ (Required)</td>
</tr>
<tr>
<td></td>
<td>Expected length of stay (days): ____________________ (Required)</td>
</tr>
<tr>
<td></td>
<td>Certification: I reasonably expect the patient will require inpatient services that span a period of time over two-midnights. (See Rationale Section in the order for options) Additional documentation will be found in progress notes and admission history and physical. Must be completed by Physician for Inpatient Admissions: Rationale for Inpatient Admission: ____________________ (Required)</td>
</tr>
<tr>
<td></td>
<td>Plans for post hospital care: See Discharge Summary/ Progress Note Level of Care: ____________________ (Required)</td>
</tr>
<tr>
<td>Refer to Observation</td>
<td>Diagnosis: ________________________ (Required)</td>
</tr>
<tr>
<td></td>
<td>Monitor for: ________________________ (Required)</td>
</tr>
<tr>
<td></td>
<td>Notify provider when: ________________________ (Required)</td>
</tr>
<tr>
<td></td>
<td>Level of Care: ________________________ (Required)</td>
</tr>
</tbody>
</table>

### SAH, SCH, SFH, SJMC & Highline Code Status (Single Response)

<table>
<thead>
<tr>
<th>Option</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full code</td>
<td>This code status was determined by: ________________________ (Required)</td>
</tr>
<tr>
<td>Full treatment WITH intubation but WITHOUT ACLS</td>
<td>This code status was determined by: ________________________ (Required)</td>
</tr>
<tr>
<td>Full treatment WITHOUT intubation and WITHOUT ACLS</td>
<td>This code status was determined by: ________________________ (Required)</td>
</tr>
<tr>
<td>Comfort Care</td>
<td>This code status was determined by: ________________________ (Required)</td>
</tr>
</tbody>
</table>

### Harrison Code Status (Single Response)

<table>
<thead>
<tr>
<th>Option</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full code</td>
<td>This code status was determined by: ________________________ (Required)</td>
</tr>
<tr>
<td>Full treatment WITH intubation but WITHOUT ACLS</td>
<td>This code status was determined by: ________________________ (Required)</td>
</tr>
<tr>
<td>Full treatment WITHOUT intubation but WITH ACLS</td>
<td>This code status was determined by: ________________________ (Required)</td>
</tr>
<tr>
<td>Full treatment WITHOUT intubation and WITHOUT ACLS</td>
<td>This code status was determined by: ________________________ (Required)</td>
</tr>
<tr>
<td>Comfort Care</td>
<td>This code status was determined by: ________________________ (Required)</td>
</tr>
</tbody>
</table>

### PATIENT INFORMATION

**Comfort Care  [30400668]**

Date/Time ___________________ Provider Initial: ___________________
### Vital Signs

- **Vital signs**
  - Routine, As needed, Starting today
  - Vital signs taken at patient or family request

- **Vital signs**
  - Routine, Every 4 hours, Starting today

### Nursing Instructions

- **Comfort Care Nursing Instructions**
  - Routine, Until discontinued, Starting today
  - 1) Private room if available
  - 2) Minimize disturbances
  - 3) Fan in room to increase airflow PRN dyspnea

- **Notify provider**
  - Routine, Until discontinued, Starting today
  - Pulse greater than:
  - Respiratory rate less than:
  - Respiratory rate greater than:
  - Temperature greater than (celsius):
  - Urine output less than (mL/hr):
  - Systolic BP greater than:
  - Systolic BP less than:
  - Diastolic BP greater than:
  - Diastolic BP less than:
  - Other:
  - For any unrelieved signs and symptoms: pain and/or discomfort (verbal or nonverbal), secretions, or dyspnea.

- **Follow oral care protocol**
  - Routine, Every 2 hours, Starting today
  - Apply water-moistened swabs to mouth as needed

### Activity

- **Positioning instruction**
  - Routine, Until discontinued, Starting today
  - 1) Position changes as needed to facilitate drainage of excess secretions.
  - 2) Reposition every 2 hours or more frequently for comfort UNLESS repositioning causes discomfort.

- **Up as tolerated with assistance**
  - Routine, As needed, Starting today

### Diet

- **Message to Diet office**
  - Please send COMFORT CART

- **Diet NPO**
  - Routine, Until discontinued, Starting today
  - NPO Except:

- **Diet General**
  - Routine, Until discontinued, Starting today
  - Select/Nonselect:
  - Additional Modifiers:
  - Viscosity/Liquids:
  - Texture:
  - Fluid Restriction / day:
  - Supplements:
  - (Required)

- **Diet Liquid**
  - Routine, Until discontinued, Starting today
  - Diet: Clear
  - Additional Modifiers:
  - Viscosity/Liquids:
| Diet Dysphagia | Diet effective now, Starting today  
Select/Nonselect:  
Viscosity/Liquids:  
Texture: Blended  
| Advance diet as tolerated | Until discontinued, Starting today  
Target Diet:  
| Diet Diabetic | Diet effective now, Starting today  
Select/Nonselect:  
Addition Modifiers:  
Viscosity/Liquids:  
Texture:  
Fluid Restriction / day:  
Supplements:  
Calories:  
| Diet Cardiac | Diet effective now, Starting today  
Select/Nonselect:  
Addition Modifiers:  
Viscosity/Liquids:  
Texture:  
Fluid Restriction / day:  
Supplements:  
| Discontinue Nutritional Support - Tube Feeding | Routine, Once, Starting today For 1 Occurrences  
| Other |  

Ventilator Management  
| Suction | Routine, As needed, Starting today  
Suction type:  
Suction gastric contents until no return in preparation for ventilator removal  
| Verify patient has been evaluated for organ donation prior to ventilator withdrawal | Routine, Once, Starting today For 1 Occurrences  
| Weaning parameters | Priority: Routine  
Frequency:  
Starting today, Starting today For # of Occurrences  
1) Silence all ventilator alarms  
2) Reduce FiO2 to 21% and CPAP/PEEP to zero over about 5 minutes  
3) Wean IMV to 4 and pressure support to 5 over 5 - 20 minutes, while titrating sedation for comfort  
4) Change bivlel to SIMV, while titrating sedation for comfort  
| Ventilator Management |  
| Extubate to room air | Routine, Once, Starting today For 1 Occurrences, When patient is comfortable on IMV of 4 and/or pressure support of 5.  
| T-piece with air (not CPAP on ventilator) | Routine (RT), Starting today For 1 Occurrences, When patient is comfortable on IMV of 4 and/or pressure support of 5.  
| Extubate to Nasal Cannula | Routine, Continuous, Starting today  
O2 Delivery Method: (Nasal cannula)  
Indications for O2: (Hypoxemia)  
Titrat to comfort  
| Extubation without weaning when family ready | Routine, Once, Starting today For 1 Occurrences  
| Other |  

PHYSICIAN ORDERS
## Ancillary Consults

<table>
<thead>
<tr>
<th>Consult</th>
<th>Reason for Consult?</th>
<th>RN/Secretary to contact the consulting provider?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient consult to Palliative Care</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Inpatient consult to Care Management</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Notify service</td>
<td>Routine, Until discontinued, Starting today,</td>
<td>Tolerated for comfort</td>
</tr>
<tr>
<td>Notify spiritual care</td>
<td>Routine, As needed, Starting today, Notify pastoral care for spiritual support if desired by the family.</td>
<td></td>
</tr>
<tr>
<td>Consult to Spiritual Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consult to Hospice</td>
<td>Diagnosis: (Required)</td>
<td></td>
</tr>
<tr>
<td>Notify Cardiac Services</td>
<td>Routine, As needed, Starting today, Notify Cardiac Services to deactivate AICD if implanted.</td>
<td></td>
</tr>
<tr>
<td>Inpatient consult to Dietary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech and language pathology eval and treat</td>
<td>Routine, Once, Starting today For 1 Occurrences Type? Bedside swallow</td>
<td>Speech Therapist to determine texture of diet for comfort feeds</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Medication

### Over the Counter Medications

| Nursing communication | Routine, Until discontinued, Starting today, Nurse may initiate Over the Counter Patient Care Products order #767. |
| Other                 |                                                             |

### Analgesia (Single Response)

#### Morphine Panel

<table>
<thead>
<tr>
<th>morphine infusion 1 mg/mL - PYXIS</th>
<th>Dose: 0.5 mg/hr, IntraVENous Titrated For pain and discomfort Routine</th>
</tr>
</thead>
<tbody>
<tr>
<td>morphine injection IV Bolus</td>
<td>Dose: 2 mg (IntraVENous, IntraMuscular, SubCutaneous) Route: Every 1 hour PRN, pain and discomfort, Routine Reassess and document pain level within 1 hour of administration. Other:</td>
</tr>
</tbody>
</table>

#### Hydromorphone (Dilaudid) Panel

<table>
<thead>
<tr>
<th>HYDROMorphine (DILAUDID) 1 mg/mL infusion</th>
<th>Dose: 0.5 mg/hr, IntraVENous Titrated For pain and discomfort Routine</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydromorphone injection</td>
<td>Dose: 0.2 mg, IntraVENous, Every 1 hour PRN, moderate pain, severe pain, pain and discomfort. For 7 Days, Routine Other:</td>
</tr>
</tbody>
</table>

#### Fentanyl (Sublimaze) Panel

<table>
<thead>
<tr>
<th>fentanyl (SUBLIMAZE) 1000 mcg in NS 100 mL infusion - PYXIS</th>
<th>Dose: mcg/hr (Required) (suggested 12.5-25 mcg/hr, 25-50 mcg/hr) Routine, IntraVENous, Titrated Initial dose: 25 mcg/hr Titration endpoints: (Titration parameters (select one):40821928) (Required) May hang for 72 hours.</th>
</tr>
</thead>
</table>
fentanyl (SUBLIMAZE) injection

Dose: _________ mcg (suggested 25 mcg, 50 mcg, 100 mcg)
Route: ____________ (Intravenous, Intramuscular, Subcutaneous, Epidural)
As needed, moderate pain, severe pain, Routine ________________

Ketamine Panel
To be used in ICU or Oncology only

ketamine (KETALAR) infusion

Dose: (0.15)________ mg/kg/hr (Usual dose 0.15-1.5 mg/kg/hour)
Route, Intravenous, 0.15 mg/kg/hr, Titrated
Continuous drip - Titrate. For pain and discomfort. To be used in ICU or Oncology ONLY

ketamine 50 mg/ml PLO gel

Dose: 50 mg,
Topical, Every 6 hours interval
Apply 1 ml to right or left inner wrist topically
Routine

Sedation (Single Response)

Lorazepam Panel

Lorazepam (ATIVAN) infusion

Dose: __________ (suggested 1-4 mg/hr) (Required)
Route, Intravenous, Titrated, starting today until discontinued.
Continuous drip - Titrate up to __________ mg/hr (Required) for anxiety or agitation
Comments

Lorazepam (ATIVAN) injection 2 mg/mL

Rate not to exceed 2 mg/min
Dose: __________ mg/kg (suggested 0.044 mg/kg or 0.05 mg/kg)
Or __________ mg (suggested 1 mg, 2 mg) (Required)
Route: ______________ (Intravenous, Intramuscular)
IV scheduled bolus
Frequency: Q6 hours, PRN ______________
PRN reason: anxiety
PRN comment ________________________________
For __________ # of Doses ______________ until discontinued.
Routine
Comments ________________________________

Lorazepam (ATIVAN) injection 2 mg/mL

Rate not to exceed 2 mg/min
Dose: __________ mg/kg (suggested 0.044 mg/kg or 0.05 mg/kg)
Or __________ mg (suggested 1 mg, 2 mg) (Required)
Route: ______________ (Intravenous, Intramuscular)
IV PRN bolus
Frequency: Q6 hours, PRN ______________
PRN reason: anxiety
PRN comment ________________________________
For __________ # of Doses ______________ until discontinued.
Routine
Comments ________________________________
### Midazolam Panel

1. **Midazolam (VERSED) infusion 1 mg/mL - PYXIS**
   - Dose: \(1\) mg/hr, **IntraVenous**, *Titrated* ________
   - Titrated up to \(_______\) mg/hr *Required* for anxiety or agitation
   - Routine
   - Comments

2. **Midazolam (VERSED) injection 1 mg/mL**
   - Dose: \(_______\) mg *Required* (suggested 0.5 mg, 1 mg, 2 mg)
   - Route: \(_______\) *(IntraVenous, Intramuscular, Subcutaneous)*
   - Frequency: \(_______\) *(once, Q4H PRN)*
   - Starting today
   - Scheduled IV bolus for anxiety, agitation or discomfort
   - Routine
   - Comments

3. **Midazolam (VERSED) injection 1 mg/mL**
   - Dose: \(_______\) mg *Required* (suggested 0.5 mg, 1 mg, 2 mg)
   - Route: \(_______\) *(IntraVenous, Intramuscular, Subcutaneous)*
   - Frequency: \(_______\) *(once, Q4H PRN)*
   - Starting today
   - IV PRN Bolus for anxiety, agitation or discomfort
   - Routine
   - Comments

### Other

- **Haloperidol lactate (HALDOL) injection**
  - Dose: \(1\) mg
  - Route: \(_______\) *(IntraVenous, Intramuscular)*
  - Frequency: Every 30 min PRN
  - PRN reason: agitation, for anxiety, agitation or discomfort
  - For \(_______\) Doses \(_______\), Starting today \(_______\)
  - Until Discontinued
  - Routine
  - Comments

### Harrison Concentrated Subcutaneous/Intravenous Infusion Panel (CADD pump)

- Discontinue all previous opioid orders once infusion initiated.

1. **Fentanyl (SUBLIMAZE) CADD infusion 50 mcg/mL**
   - Dose: \(_______\) mcg/hr *Required* (suggested 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr)
   - Route: \(_______\) *(SubCutaneous, Intravenous)*
   - Frequency: \(_______\)
   - Starting today until discontinued
   - For \(_______\) # of Days \(_______\)
   - Questions (Required):
     - Clinician bolus dose: \(_______\) mcg *Required* (Suggested 12.5 mcg, 25 mcg, 50 mcg, 75 mcg, 100 mcg, none)
     - Clinician bolus lockout interval: \(_______\) min *Required* (Suggested 5 min, 8 min, 10 min, 15 min)
     - Patient bolus dose: \(_______\) mcg *Required* (Suggested 12.5 mcg, 25 mcg, 50 mcg, 75 mcg, 100 mcg, none)
     - Patient bolus lockout interval: \(_______\) min *Required* (Suggested 5 min, 8 min, 10 min, 15 min)
     - Infusion rate increase (percentage of basal rate) PRN to control pain/dyspnea: \(_______\) % *Required* (Suggested 10%, 20%, 30%, 40%, 50%, none)
   - Routine
   - Comments
<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Dose: _______ mg/hr (Required)</th>
<th>Route: ___________________________ (SubCutaneous, Intravenous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROMORPHINE (DILAUDID) 2 mg/mL CADD infusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYDROMORPHINE (DILAUDID) 5 mg/mL CADD infusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morphine 5 mg/mL in sodium chloride 0.9% 50 mL palliative CADD Infusion Harrison</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midazolam (VERSED) 5 mg/mL CADD subcutaneous infusion Harrison</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Questions (Required):**
- Clinician bolus dose: _______ mg (Required) (Suggested 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, none)
- Clinician bolus lockout interval: _______ min (Required) (Suggested 5 min, 8 min, 10 min, 15 min)
- Patient bolus dose: _______ mg (Required) (Suggested 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, none)
- Patient bolus lockout interval: _______ min (Required) (Suggested 5 min, 8 min, 10 min, 15 min)

**Infusion rate increase (percentage of basal rate) PRN to control pain/dyspnea:**
- (Required) (Suggested 10%, 20%, 30%, 40%, 50%, none)

**Routine Comments:**
- HYDROMORPHINE (DILAUDID) 2 mg/mL CADD infusion Harrison
- HYDROMORPHINE (DILAUDID) 5 mg/mL CADD infusion
- Morphine 5 mg/mL in sodium chloride 0.9% 50 mL palliative CADD Infusion Harrison
- Midazolam (VERSED) 5 mg/mL CADD subcutaneous infusion Harrison
- Other
### Secretion Control (Single Response)

<table>
<thead>
<tr>
<th>Option</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>PRN Reason</th>
<th>PRN Comment</th>
<th>For # of Days</th>
<th>Starting</th>
<th>Discontinued</th>
</tr>
</thead>
<tbody>
<tr>
<td>atropine ophthalmic solution 1%</td>
<td>1-2 drop</td>
<td>1-2 drop (SubLINGual, Both eyes, Left Eye, Right Eye)</td>
<td>Every 4 hours PRN</td>
<td>Other</td>
<td>excess secretions</td>
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<tr>
<td>glycopyrrolate (ROBINUL) tablet 1 mg</td>
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<tr>
<td>Glycopyrrolate Panel SQ or IV or IM &quot;Or&quot; Linked Panel</td>
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<tr>
<td>glycopyrrolate (ROBINUL) injection</td>
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<tr>
<td>scopolamine (TRANSDERM-SCOP) patch 1.5 mg/72 hr</td>
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<td>Other</td>
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</tbody>
</table>

### Fever/discomfort

<table>
<thead>
<tr>
<th>Option</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>PRN Reason</th>
<th>PRN Comment</th>
<th>For # of Days</th>
<th>Starting</th>
<th>Discontinued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen PO/PR Panel FHS &quot;Or&quot; Linked Panel</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>acetaminophen (TYLENOL) tablet</td>
<td></td>
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</tr>
<tr>
<td>Limit the total dose of all acetaminophen containing products to 3000 mg/day</td>
<td></td>
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<tr>
<td>Or Linked Panel:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>acetaminophen (TYLENOL) suppository</td>
<td></td>
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</tr>
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</table>

### Other

<table>
<thead>
<tr>
<th>Option</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>PRN Reason</th>
<th>PRN Comment</th>
<th>For # of Days</th>
<th>Starting</th>
<th>Discontinued</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>
### Nausea & Vomiting

<table>
<thead>
<tr>
<th>Drug</th>
<th>Route</th>
<th>Frequency</th>
<th>PRN Reason</th>
<th>PRN Comment</th>
<th>Start Date</th>
<th>Stop Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ondansetron</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ondansetron (ZOFRAN-OdT) disintegrating tablet</td>
<td>mg (Suggested 4-8 mg)</td>
<td>(Oral, SubLingual)</td>
<td>Every 8 hours PRN</td>
<td>nausea, vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Haloperidol</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haloperidol (HALDOL) tablet</td>
<td>mg (Suggested 1-2 mg)</td>
<td>(Suggested Oral, SubLingual)</td>
<td>Every 4 hours PRN</td>
<td>agitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prochlorperazine</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prochlorperazine (COMPAZINE) tablet</td>
<td>mg (Suggested 5-10 mg)</td>
<td>Oral</td>
<td>Every 6 hours PRN</td>
<td>nausea, vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prochlorperazine (COMPAZINE) suppository</td>
<td>25 mg</td>
<td>Rectal</td>
<td>Every 6 hours PRN</td>
<td>nausea, vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug</td>
<td>Dose</td>
<td>Route</td>
<td>Frequency</td>
<td>PRN Reason</td>
<td>PRN Comment</td>
<td>For Doses</td>
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</tbody>
</table>
| Dexamethasone (DECADRON) tablet | ______ mg | Oral | Daily as needed | other | PRN intractable nausea | ______ |_________ |_______
| Dexamethasone (DECADRON) injection 4 mg/mL | ______ mg | (IntraVENous, SubCutaneous, Intramuscular) | Daily as needed | other | PRN intractable nausea | ______ |_________ |_______
| Scopolamine (TRANSDERM-SCOP) patch 1.5 mg/72 hr | 1 patch | TransDermal, for 72 Hours | Every 72 hours PRN | other | PRN nausea/vomiting | ______ |_________ |_______
| Lorazepam (ATIVAN) tablet | ______ mg | (Oral, SubLINGual) | Every 4 hours PRN | other | PRN anxiety, agitation, seizure, or myoclonus | ______ |_________ |_______
| Lorazepam (ATIVAN) injection 2 mg/mL | ______ mg | (IntraVENous, SubCutaneous, Intramuscular) | Every 4 hours PRN | other | PRN anxiety, agitation, seizure, or myoclonus | ______ |_________ |_______
| Other | | | | | | | | |

**Agitation/Restlessness/Seizure/Myoclonus**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>PRN Reason</th>
<th>PRN Comment</th>
<th>For Doses</th>
<th>Starting</th>
<th>Until Discontinued</th>
</tr>
</thead>
</table>
| Lorazepam (ATIVAN) tablet | ______ mg | (Oral, SubLINGual) | Every 4 hours PRN | other | PRN anxiety, agitation, seizure, or myoclonus | ______ |_________ |_______

**Physician Orders**

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Provider Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Physician Orders

### Lorazepam (Ativan) Injection 2 mg/mL
- **Dose:** ______ mg  (Suggested 1 mg)
- **Route:** ________________
- **Frequency:** Every 4 hours PRN ____________
- **PRN reason:** other ______________________
- **PRN comment:** PRN anxiety, agitation, seizure, or myoclonus ______
- For ______ Doses ________, Starting today ________
- Until Discontinued
  - 1 mg, Every 4 hours PRN, other, PRN anxiety, agitation, seizure or myoclonus, Routine

### Haloperidol (Haldol) Tablet
- **Dose:** ______ mg  (Suggested 1 mg)
- **Route:** ________________
- **Frequency:** Every 4 hours PRN ____________
- **PRN reason:** agitation ____________________
- **PRN comment:** ____________________________
- For ______ Doses ________, Starting today ________
- Until Discontinued
  - 1 mg, Every 4 hours PRN, agitation, Routine

### Haloperidol (Haldol) Injection
- **Dose:** ______ mg  (Suggested 1 mg)
- **Route:** ________________
- **Frequency:** Every 4 hours PRN ____________
- **PRN reason:** agitation ____________________
- **PRN comment:** ____________________________
- For ______ Doses ________, Starting today ________
- Until Discontinued
  - 1 mg, Every 4 hours PRN, agitation, Routine

### Other Bowel Care

#### Senna-Docusate (Pericolace) Tablet 8.6-50 mg
- 1-4 tablet, Oral, 2 times daily PRN, constipation
- Start with 1 tablet twice daily and titrate up to 4 tablets twice daily for constipation

#### Magnesium Hydroxide (Milk of Magnesia) Suspension 400 mg/5mL
- 30 mL, Oral, Every 6 hours PRN, constipation, PRN constipation, Routine

#### Bisacodyl PO/PR Panel

- **Dose:** ______ mg  (Suggested 1 mg)
- **Route:** ________________
- **Frequency:** Every 4 hours PRN ____________
- **PRN reason:** other ______________________
- **PRN comment:** other ______________________
- For ______ Doses ________, Starting today ________
- Until Discontinued
  - 1 mg, Every 4 hours PRN, agitation, Routine

#### Bisacodyl (Dulcolax) EC Tablet 5 mg
- 10 mg, Oral, Daily as needed, constipation, PRN if no BM for 3 days, Routine

#### Bisacodyl (Dulcolax) Suppository 10 mg
- 10 mg, Rectal, Daily as needed, constipation, PRN if no BM for 3 days, Routine

#### Loperamide (Imodium A-D) Tablet 2 mg
- 2-4 mg, Oral, Every 3 hours PRN, diarrhea, after each loose stool
  - 4 mg once then 2 mg PRN after each loose stool (Max 16 mg/day), Routine

### Other

**Date/Time:______________________**  **Printed Name of Ordering Provider:________________________**

**Provider Signature:________________________**

**Date/Time:______________________**  **RN Acknowledged:________________________**