



Lions Gate Hospital  
part of the Vancouver Coastal Health Authority

**ORDERS**

**PALLIATIVE CARE ADMISSION  
ORDERS**

Page 1 of 2

(items with check boxes must be selected to be ordered)

DATE: TIME:	ALLERGIES:	Noted by:
<p><b>ADMISSION INSTRUCTIONS:</b></p> <p><b>MRP:</b></p> <p><b>CODE STATUS:</b> Do Not Attempt Cardio-Pulmonary Resuscitation (refer to DNACPR form)</p> <p><b>DIET:</b>        DAT OR _____</p> <p><b>ACTIVITY:</b>    AAT OR _____</p> <p><b>TREATMENTS:</b> <input type="checkbox"/> Urinary catheterization if unable to void  <input type="checkbox"/> Irrigate catheter PRN  <input type="checkbox"/> O2 via NP to keep Sats above 90%</p> <p>_____</p> <p>_____</p> <p><b>MEDICATIONS:</b></p> <p><b>Pain Management:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Nausea and Vomiting:</b></p> <p><input type="checkbox"/> metoclopramide 10 mg PO or subcutaneous <input type="checkbox"/> QID *OR* <input type="checkbox"/> QID PRN  <input type="checkbox"/> haldoperidol 0.5 to 1 mg PO or subcutaneous <input type="checkbox"/> TID *OR* <input type="checkbox"/> TID PRN  <input type="checkbox"/> dimenhyDRINATE 25 to 50 mg PO or subcutaneous Q4H PRN                  Other _____</p> <p><b>Fever:</b>        acetaminophen 650 mg PO/ rectal Q4H PRN for temperature greater than 38.5<sup>0</sup>C; do not exceed 4 g in 24 hours from all sources</p> <p><b>Anxiety:</b>     <input type="checkbox"/> lorazepam 0.5 to 1 mg PO or sublingual or subcutaneous Q4H PRN                  Other _____</p> <p><b>Confusion/Agitation:</b></p> <p><input type="checkbox"/> methotrimeprazine 2.5 to 5 mg PO or subcutaneous Q4H PRN  <input type="checkbox"/> loxapine 2.5 to 5 mg PO or subcutaneous Q4H PRN                  Other _____</p> <p><b>HS sedation:</b> <input type="checkbox"/> methotrimeprazine 2.5 to 5 mg PO or subcutaneous <input type="checkbox"/> HS *OR* <input type="checkbox"/> HS PRN  <input type="checkbox"/> zopiclone 3.75 to 7.5 mg PO <input type="checkbox"/> HS *OR* <input type="checkbox"/> HS PRN                  Other _____</p>		
_____ Printed Name	_____ Signature	_____ College ID
_____ Pager/Cell		



Lions Gate Hospital  
part of the Vancouver Coastal Health Authority

**ORDERS**

**PALLIATIVE CARE ADMISSION  
ORDERS**

Page 2 of 2

(items with check boxes must be selected to be ordered)

DATE: TIME:	ALLERGIES:	Noted by:
<p><b>Bowel Management:</b> Bowel care as per Palliative Care Bowel Protocol Nurse to complete: Palliative Care Bowel Protocol Worksheet</p> <p>If stool in the rectum at any time: glycerin suppository x 1 rectal PRN bisacodyl suppository 10 mg x 1 rectal PRN MICROLAX OR phosphates enema x 1 rectal PRN</p> <p><b>Seizures:</b>      <input type="checkbox"/> lorazepam 1 to 2 mg subcutaneous Q15MIN PRN seizure (max. 3 doses). If patient's first seizure, contact physician. Other _____</p> <p><b>Oral Candidiasis:</b>    <input type="checkbox"/> nystatin 500,000 units swish and swallow QID x 14 days</p> <p><b>Upper Airway Secretions:</b></p> <p><input type="checkbox"/> scopolamine 0.4 mg subcutaneous Q4H PRN <input type="checkbox"/> glycopyrrolate 0.4 mg subcutaneous Q4H PRN</p> <p><b>Terminal Bleed:</b>    If opioid naïve: <input type="checkbox"/> morphine 10 mg subcutaneous STAT, repeat Q5MIN PRN <b>OR</b> <input type="checkbox"/> HYDROmorphone 2 mg subcutaneous STAT, repeat Q5MIN PRN</p> <p>                                 If already on opioid: <input type="checkbox"/> morphine _____ mg subcutaneous STAT, repeat Q5MIN PRN <b>OR</b> <input type="checkbox"/> HYDROmorphone _____ mg subcutaneous STAT, repeat Q5MIN PRN</p> <p><b>AND</b></p> <p><input type="checkbox"/> lorazepam 2 mg sublingual/ subcutaneous STAT, repeat Q5MIN PRN <input type="checkbox"/> midazolam 2 to 5 mg subcutaneous STAT, repeat Q5MIN PRN</p>		
_____ Printed Name	_____ Signature	_____ College ID
_____ Pager/Cell		