COVID-19 PANDEMIC PRACTITIONER ORDER SET
End of Life Care Orders - Continuing Care Facilities

To complete the order form, fill in required blanks and check the appropriate boxes (□). Pre-checked boxes (☑) are initiated automatically. To delete orders, draw one line through the item and initial.

<table>
<thead>
<tr>
<th>Allergies: □ See Regional Allergy / Intolerance Record OR:</th>
<th>Patient Weight Kg</th>
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</thead>
<tbody>
<tr>
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<td>□ Actual □ Estimated</td>
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<tr>
<th>Orders and Signature</th>
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</table>

**Prescriber may consult with Internal Medicine/COVID advice physician via SFCC: 1-306-766-6065**

This order set is for use in addition to orders (e.g. Order Set, PPO) already in place for this resident. These orders are for residents who are ONLY receiving End of Life Care (e.g. Palliative, “DNR”, Comfort Measures Only). For Covid-19 orders for treatment, refer to SHA OS-022 Continuing Care Management Orders.

☑ If any conflicting orders or direction occur, the orders below supersede/override any previously written orders.

☑ Review/Complete Area-specific Advance Care Directive and/or Goals of Care

**Consults / Referrals**

**Limit allied health profession consults as much as possible to minimize exposure**

**Family and spiritual/cultural care conference and communication via technology, if available**

☑ Social Work ☑ Palliative Care* ☑ Spiritual Care

*NOTE: Practitioner completing order set to consult/discuss with SFCC (1-306-766-6065) if Palliative Care selected

☑ Other: ____________________

**Nutrition**

☑ Diet as tolerated/Continue oral diet for Comfort Only

☑ Discontinue Enteral Nutrition and continue NPO (if previously NPO)

☑ Other:

**Mobility**

☑ Activity as tolerated for comfort

☑ Elevate HOB for comfort PRN

☑ Turn/re-position q3 - 4h and PRN

☑ Assess sleeping surface – pressure relief mattress if available

**Monitoring**

☑ No routine vital sign monitoring

Assessment & Documentation:

☑ Pain and agitation q2h and PRN (e.g. Progress notes, PACSLAC, PAINAD)

☑ Comfort and dyspnea q2h and PRN

☑ Skin integrity assessment daily

☑ Other: ____________________

Date & Time

Practitioner Signature:

Practitioner Name (printed):
## Investigations and Tests
- Discontinue all previous investigations
- No blood work, including capillary blood glucose monitoring
- Other:

## Treatments
### Respiratory
- No O₂
- O₂ for comfort via nasal prongs PRN
- Oral suctioning PRN (NON-AGMP procedure)
- Other:
  - (e.g. CPAP, Bi-pap: continue vs discontinue?)

### IV Therapy
- **Risk/benefit of initiating artificial hydration is to be considered at end of life**
- Discontinue IV fluids
- Remove IV lines
- Hypodermoclysis (HDC) _____________ (fluid) at ___________ mL/hr (max 30 mL/hr)
- Other:

### Tubes
- Urinary catheter for urinary retention PRN
- Lidocaine jelly 2% PRN for catheter insertion or penile tip irritation

## Medication
### Discontinuation of medications
- **Review current medication orders and discontinue if not indicated for comfort/agitation**
- Discontinue the following medications:

## Pain and/or Dyspnea Management
- **Consider both scheduled and PRN medications. Notify MD if more than 3 PRN doses administered in 24 hours to review scheduled dosing**
- **Begin with starting dose and titrate per PRN requirements**
- **Palliative consult (via SFCC: 306-766-6065) if pain control inadequate and considering other opioids (e.g. methadone)**
- **If changing opioid analgesics (route and/or drug), refer to opioid equivalency guidelines**

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**Date & Time**

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Choose ONE opioid: (HYDROMorphone (Dilaudid®) OR morphine)

**HYDROMorphone (Dilaudid®):**

- **Scheduled**
  - If elderly/frail: HYDROMorphone (Dilaudid®)
    - 0.25 - 0.5 mg Subcutaneous q4h
  - HYDROMorphone (Dilaudid®)
    - 0.5 - 1 mg Subcutaneous q4h
  - Continue previous scheduled HYDROMorphone (Dilaudid®)
  - Other: ________________________________

**Breakthrough**

- If elderly/frail: HYDROMorphone (Dilaudid®)
  - 0.125 - 0.25 mg Subcutaneous q1h PRN
- HYDROMorphone (Dilaudid®)
  - 0.25 - 0.5 mg Subcutaneous q1h PRN
- Continue previous PRN HYDROMorphone (Dilaudid®)
- Other: ________________________________

**Morphine:**

- **Scheduled**
  - If elderly/frail: morphine 1 - 2 mg Subcutaneous q4h
  - morphine 2 - 4mg Subcutaneous q4h
  - Continue previous scheduled morphine
  - Other: ________________________________

**Breakthrough**

- If elderly, frail: morphine 0.5 - 1 mg Subcutaneous q1h PRN
- morphine 1 - 2 mg Subcutaneous q1h PRN
- Continue previous PRN morphine
- Other: ________________________________

**Avoid in significant chronic renal failure**

**Urinary/Bowel Management (until death is imminent)**

- hyoscine 10 – 20 mg subcutaneous q6h PRN for bladder spasm management
- bisacodyl supp 10 mg PR daily PRN (if no bowel movement in last 72 hours)
  - OR
    - Fleet® Mineral Oil Enema PR daily PRN (if no bowel movement 24 hours after biscodyl supp)

**Delirium and/or Restlessness**

- haloperidol 1 - 2 mg Subcutaneous q2h PRN
- midazolam 0.5 – 1mg Subcutaneous q1h PRN
  - For unresolved agitation, add to existing midazolam dosing:
    - methotrimeprazine 6.25 – 25 mg Subcutaneous q6h PRN
- clonazePAM 0.25 mg to 1 mg PO q6h PRN (NOTE: may contribute to delirium)

**Dry Eye Therapy**

- Artificial tears 1 - 2 drops to each eye q2h PRN for dry eyes (e.g. hypromellose 0.5 %, carboxymethylcellulose 0.5 %, or formulary equivalent)

Effective Date: December 30, 2020
Authorization: SHA Multidisciplinary Clinical Practice Oversight Committee, COVID Subcommitte e December 29, 2020
Send order set change requests to clinicalstandards@saskhealthauthority.ca
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<tr>
<td></td>
<td><strong>Dry Mouth Therapy</strong></td>
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<td>- Regular mouth care q2h and PRN</td>
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<td></td>
<td>- Mouth moisturizer q2h PRN for dry mouth (e.g. Moi-Stir®, Biotene® spray, Biotene® Oral Balance® gel, or formulary equivalent)</td>
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<td><strong>Fever Management</strong></td>
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<td>- acetaminophen 650 mg PO/PR q4h PRN (maximum 4,000 mg in 24 hours from all sources)</td>
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<td><strong>Nausea Management</strong></td>
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<td>NOTE to Prescriber: Select preferred route(s) of administration</td>
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<td>NOTE to Pharmacy: If multiple routes of administration selected, supply both</td>
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<td>- haloperidol 0.5 – 1 mg q12h PRN: □ PO □ Subcutaneous</td>
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<td>- metoclopramide 5 - 10 mg q6h PRN: □ PO □ Subcutaneous</td>
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<td>- dimenhydrinate 25 – 50 mg q6h PRN: □ PO □ PR</td>
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<td>□ Other: (e.g. mirtazapine, ondansetron)</td>
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<td><strong>Respiratory/Oral Secretion Management</strong></td>
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<td><strong>Upper airway secretions</strong></td>
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<td>- scopolamine patch 1.5 - 3 mg/h (1 - 2 patches) q72h PRN (once patient unresponsive)</td>
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<td>- glycopyrrolate 0.4 mg Subcutaneous q2 - 4h PRN</td>
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<td>- atropine 0.4 mg Subcutaneous q2 - 4h PRN</td>
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<td>- atropine 1% ophth drops 1 – 2 drops Sublingual q1h PRN</td>
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<td><strong>Congestive Heart Failure/Overload Management</strong></td>
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<td>- furosemide 20 mg Subcutaneous q4h PRN</td>
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SHA OS-023