



LTC Admission and Discretionary Orders

Key: Req – Requisition MAR – Medication Administration Record K – Kardex Dis – Discontinued

Key

Phase

Instructions for completing this order set:

- Indicates a pre-selected order. To delete a pre-selected order, draw a line through it
Must tick the box for order to be implemented. Orders not checked will not be implemented
Fill in blank spaces as needed/appropriate
Indicates an item for consideration by Provider; is NOT an order

Island Health Long Term Care order sets follow Choosing Wisely Canada Guidelines

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- In CPOE, Provider to complete "LTC Admission (Multiphase)" order set

Medical Orders for Scope of Treatment

- A MOST (Medical Orders for Scope of Treatment) is to be completed as soon as possible after admission
The current MOST is valid in all care settings and does not expire
Identified wishes will be respected
CPR will NOT be offered to persons living in Long Term Care (LTC) unless specifically requested
No CPR for unwitnessed cardiac arrest
For MOST C2: Initiate CPR and follow LTC policy "10.3.9P Cardiopulmonary Resuscitation (CPR) in Long Term Care"

Communication Orders

DIET

- Nursing Communication, Place diet order at nurse discretion or as previously ordered

ANAPHYLAXIS

- Refer to Protocol/Guideline/Standard, In the event of anaphylaxis, follow LTC guideline:
"Recognition and Management of Anaphylactic Reactions Self- Learning Package for RNs, RPNs & LPNs"

HYPOGLYCEMIA

- Refer to Protocol/Guideline/Standard, Follow LTC order set "Nurse Protocol Hypoglycemia Long Term Care (Module)"

TB SCREENING

- Refer to Protocol/Guideline/Standard, Nurse to confirm "Long Term Care Tuberculosis Screening Form" has been completed prior to or on admission; If not completed, then notify Provider

INFLUENZA

- Provider to consider ordering a creatinine if not done within last 12 months, and annually
Refer to Protocol/Guideline/Standard, In event of confirmed influenza outbreak follow Island Health Influenza Prophylaxis Protocol
Medication Communication, Influenza vaccine annually

Laboratory

- Routine laboratory testing is not recommended unless clinically indicated as per Choosing Wisely Canada

Admission Labs: _____

Gastrointestinal Agents

- aluminum hydroxide-magnesium hydroxide, 15 mL, Susp-Oral, Q3H, PRN dyspepsia, Max: 6 doses in 48 hour

Serums, Toxoids and Vaccines

- Order pneumococcal 23 vaccine if vaccination status unknown
Order a re-vaccination dose if initial dose done more than 5 years ago AND resident is immunocompromised
Order a re-vaccination dose if initial dose done more than 5 years ago AND resident less than 65 at time of initial vaccination
pneumococcal 23-polyvalent vaccine, 0.5 mL, Soln-Inj, IM/SUBCUT, AS DIRECTED, for 1 dose
Order Td vaccine if not given in last ten (10) years OR status unknown
Tetanus-Diphtheria Toxoids, Adult (Td), 0.5 mL, Susp-Inj, IM, AS DIRECTED, for 1 dose

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Email orderset@viha.ca to provide feedback or report concerns regarding this order set

Original content by Island Health; Clinical review and local adaptation recommended before use at external health authorities

NOTE: This is a controlled document, and printed copies may not reflect the current version on the Intranet: Order Sets SharePoint Library

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1



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Analgesics and Antipyretics(non-opiate)

Max acetaminophen from all sources 3,250 mg in 24 hours

- acetaminophen, 500 mg, Tab, oral, Q6H, PRN pain/fever, Administer for 24 hours then contact MRP
acetaminophen, 650 mg, Supp-Rectal, Q6H, PRN pain/fever, Administer for 24 hours then contact MRP

Antiemetics

- dimenhyDRINATE (Gravol or equiv), RANGE DOSE 12.5 mg to 25 mg, Tab, oral, Q6H, PRN nausea/vomiting, if not given IM or rectal, Administer for 24 hours then contact MRP
dimenhyDRINATE inj (Gravol or equiv) - RANGE DOSE 12.5 mg to 25 mg, Soln-Inj, IM, Q6H, PRN nausea/vomiting, if not given rectal or oral, Administer for 24 hours then contact MRP
dimenhyDRINATE (Gravol or equiv), 25 mg, Supp-Rectal, Q6H, PRN nausea/vomiting, if not given oral or IM, Administer for 24 hours then contact MRP

Prevention and Treatment of Constipation

- Notify Provider, if vomiting and/or abdominal pain develops
Refer to Protocol/Guideline/Standard, Nurse to follow LTC Guideline:
"10.3.45G: Prevention and Treatment of Constipation in Long Term Care"

Table with 2 columns: Constipation Severity, Medication. Rows include Level 1: Baseline, Level 2: (Last BM more than 48 h ago), Level 3: (Last BM more than 72 h ago), Level 4: (Last BM more than 96 h ago).

LTC Admission and Discretionary Orders

2

Signature, Designation

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Page 2/2