



LTC End of Life

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

Key

Phase

LTC End of Life

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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

LTC End of Life

Admit/Transfer/Discharge/Status

Inclusion Criteria:

Provider may complete "LTC End of Life" order set only if Resident meets criteria below:

- Resident has declined, is bedbound, and has reduced oral intake
- Death is anticipated in hours to days
- Resident's prognosis of last days and goals of care have been discussed with the Resident and/or Substitute Decision Maker, and the discussion should be documented

Initiate these orders NOW

OR

Nurse to initiate when Palliative Performance Scale (PPS) 20% or less; Fax to Pharmacy when initiated

Discontinuing this order set:

- If Resident condition improves (PPS 30% or greater, or improvement in functional ability, oral intake, mobility), these orders must be reviewed again by Provider

Resident Care

Nursing Communication

- Notify family of Resident's decline and initiation of end of life orders
- Discontinue all investigations including lab orders, Bedside Blood Glucose Monitoring, routine vital signs, weight monitoring, and diagnostic tests
- Nurse to Pronounce, See "[British Columbia College of Nurses and Midwives \(BCCNM\): Unrestricted RN and LPN Practice](#)"
- Insert Subcutaneous Butterfly, with initial dose of each subcut medication
- Urinary Catheter Insertion, Indwelling, PRN for comfort
- Nursing to adjust diet to meet Resident preference; Continue oral intake as tolerated and desired

Signature, Designation

College License #

Date

Time

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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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Medications

- Provider to review medications and discontinue those that are not needed for comfort and/or symptom management
- FentaNYL patch should NOT be discontinued if effective

PAIN and/or BREATHLESSNESS - Choose Option A, B, or C

OPTION A: NOT on opioids
OPTION B: Requires regularly scheduled opioids
OPTION C: fentaNYL Patch
Includes checkboxes for HYDROmorphone and fentaNYL patch orders, and instructions for breakthrough orders.

Nausea

haloperidol inj, 0.5 mg, Soln-Inj, SUBCUT, Q4H, PRN
Consider contacting Provider for regularly scheduled order if more than 3 PRN doses in 24 hours

Mild Anxiety

LORazepam - RANGE DOSE, 0.5 mg to 1 mg, Tab-Disintegrating, SL, Q4H, PRN, if not given SUBCUT
OR
LORazepam inj - RANGE DOSE, 0.5 mg to 1 mg, Soln-Inj, SUBCUT, Q4H, PRN, if not given SL

Agitation

haloperidol inj - RANGE DOSE, 1 mg to 2 mg, Soln-Inj, SUBCUT, Q4H, PRN
Consider contacting Provider for regularly scheduled order if more than 3 PRN doses in 24 hours

Respiratory Secretions

glycopyrrolate inj - RANGE DOSE, 0.2 mg to 0.4 mg, Soln-Inj, SUBCUT, Q4H, PRN for secretions. Max Dose: 2.4 mg/24h

LTC End of Life

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Signature, Designation College License # Date Time Page 2/2