# INPATIENT HOSPICE ORDER SET

**Orders not valid unless “X” appears in box items are circled, blanks are filled in and page signed by a physician**

1. **Diet:**

2. **Activity:**

3. **ANXIETY/CONFUSION:**
   - [ ] Lorazepam 0.5 - 1 mg PO/Sublingual every 1 hour PRN and call Hospice
   - [ ] Xanax 0.5mg every 4 hours PRN

4. **CONSTIPATION; NOT ON OPIOIDS:**
   - [ ] Colace 100-200 mg PO twice a day, if ineffective: Senokot S 1 tab PO daily; may titrate up to 2 tabs PO three times a day.

5. **CONSTIPATION; BEGINNING OPIOIDS:**
   - [ ] Colace 100-200 mg PO twice a day;
   - [ ] Senokot 1-2 tabs PO twice a day, may titrate up to 2-8 tabs per day
   - [ ] Senokot S 1-2 tabs PO twice a day, may titrate up to 2-8 tabs per day

6. **CONSTOPATION:**
   - [x] If no bowel movement in 48 hours use Dulcolax Suppository per rectum and Milk of Magnesia 30-60 ml by mouth, repeat x 1 if necessary.
   - [ ] Lactulose 30mg PO twice a day
   - [x] If no bowel movement in 72 hours, rule out impaction

7. **COUGH:**
   - [x] Robitussion 2 teaspoons PO every 4 hours PRN
   - [x] Cepacol throat lozenges
   - [x] Oral hydration
   - [ ] Robitussion AC 2 teaspoons PO every 4 hours PRN
   - [ ] Tessalon Pearls 1 tab PO every 8 hours

8. **DIARRHEA:**
   - [ ] Imodium AD 1-2 tabs PO four times a day, up to 8 tabs/day
   - [ ] Lomotil 2.5 mg 1-2 tabs PO four times a day, up to 8 tabs per day

9. **DRY OR PAINFUL MOUTH:**
   - [x] Routine mouth care: Normal saline mouth rinses while awake. For weak patients, a "toothette" may be used. Mouth care to be done after every meal and more frequently if mouth breathing. Use hydrogen peroxide/water (1:4 ratio) to remove hardened debris.
   - [x] Artificial Saliva 1-2 teaspoons PO as needed;
   - [ ] Diflucan 100 mg daily times 7 days
   - [ ] Nystatin sis 5ml, 4 times a day
   - [ ] Mycelex trouche loral 4-5 times a day

10. **DYSPNEA:**
    - [x] Nasal Oxygen at 2-3 liters per cannula or mask

11. **EDEMA:**
    - [ ] Diflucan 100mg daily times 7 days
    - [ ] Lasix 20 mg by mouth daily for 5 days; contact physician for further orders after 5 days. Do not give if currently on a diuretic

12. **FEVER:**
    - [ ] Tylenol 650 mg PO or suppository every 4 hours or [ ] Motrin 400mg PRN for temperature > 100.5F

13. **HICCUPS:**
    - [ ] Mylicon 80-120 mg chew 1-2 tabs every 4 hours PRN
    - [ ] Baclofen 5-10 mg PO every 8 hours PRN

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**FORM #: HFBH-42-7002MR-0806 (PAGE 1 OF 2)**

**Physician Signature:**

**Unit Clerk Signature:**

**Nurse Signature:**

**Pager:**
**HENRY FORD**  
**BI-COUNTY HOSPITAL**  

**INPATIENT HOSPICE**  
**ORDER SET**

**DATE** | **TIME** | **PRE-PRINTED ORDERS (PAGE 2 OF 2)**
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12. IMPACTION; SOFT STOOL

- [X] Digitally remove
- [X] Dulcolax Suppository daily PRN

13. IMPACTION; HARD STOOL

- [X] Medicate
- [X] Digitally remove
- [X] Glycerin Suppository

14. INSOMNIA

- [X] Restoril 15-30 mg PO at bedtime. May repeat once

15. NAUSEA; WITHOUT VOMITING

- [ ] Compazine 10 mg PO every 6 hours PRN
- [ ] Haldol 0.5 - 2 mg PO or Sublingual every 6 hours PRN

16. PAIN

- [X] Tylenol 650 mg every 4 hours, around the clock, as needed
- [X] For severe episodes of pain, one additional dose of medication used for breakthrough pain may be given. Call physician for further instructions

17. TERMINAL RESTLESSNESS:

- [ ] Thorazine 25 mg 1-2 tabs every 2 hours PRN, administer tabs rectally if unable to swallow
- [ ] Ativan 0.5 - 2 mg sublingual every 1 hours PRN
- [ ] Haldol 1 mg PO every 6 hours PRN

18. SEIZURE:

- [ ] Ativan 1-3 mg sublingual every 4 hours around the clock. If unable to swallow medication or new onset, call physician for further orders

19. TERMINAL CONGESTION:

- [ ] Transderm Scopolamine Patch every 72 hours. May use second patch as needed.

20. URINARY DYSFUNCTION/INFECTION

- [X] Foley catheter to closed bag drainage for inability to void or incontinence
- [ ] Bactrim DS 1 tab PO twice a day x 7 days

21. WOUND CARE:

- [X] Necrotic tissue - apply non-spermicidal non-petroleum gel to any open wound, cover with gauze and hypoallergenic tape. If debridement is necessary, contact hospice. For foul smelling wounds apply Metrogel.
- [X] Consult wound care RN PRN

**Physician Signature:**** Pager:****

**Unit Clerk Signature:**  
**Nurse Signature:**