



HOT TIP
April
2023

Northern Health Palliative Care

Adult Palliative Care Orders: Long Term Care and Designated Palliative Care Bed

Adult Palliative Care Crisis Event Orders: Long Term Care and Designated Palliative Care Bed

Goals

- To standardize and support consistent care across all long term care settings/designated palliative care beds
- To guide initial treatment of palliative symptoms with evidence based medication (utilizing 1st and 2nd line medication)
- To prevent delay in symptom management
- To prevent crisis by dealing with symptoms in a timely manner
- To treat crisis in a timely fashion when it does occur
- To provide autonomy and capability of direct care providers to administer medications when necessary
- To promote seamless transitions between care areas

northern health Regional Order Set Adult Palliative Care Crisis Event Orders For Outpatients, D Beds and Symptom Management Kits Page 1 of 1 PATIENT LABEL	
Allergies: <input type="checkbox"/> None known <input type="checkbox"/> Unable to obtain	
List with reactions:	
<small>(Revised document: 10-111-5204-001 Adult Palliative Care Orders for Outpatients, D Beds and Symptom Management Kits, 10-111-5193-001 Adult Palliative Care Crisis Event Orders for Hospital Inpatients, 10-111-5202 Adult Palliative Care Orders for Hospital Inpatients and Clinical Practice Standard 1-10-2-10)</small>	
1. Severe pain/shortness of breath (score of 7/10 or greater) or a Terminal Crisis Event	
• Call the physician	
• Physician to complete a physical assessment of the patient within 90 minutes	
• Consider a palliative care consult	
1. <input type="checkbox"/> Opioid: All orders for opioids to be provided utilizing outpatient duplicate prescriptions.	
Provide opioid choice and dose subcutaneous, minimum quantity of 3 doses, with recommended directions of one dose stat and may repeat q20minutes x 3 PRN (until first sign of pain breaking).	
If not settled, call physician.	
II. Sedative	
<input type="checkbox"/> midazolam _____ (2.5 mg to 5 mg) subcutaneous x 1 dose	
Quantity: midazolam 5 mg/mL, 2 mL x 3	
2. Severe agitation	
<input type="checkbox"/> methotrimeprazine _____ (12.5 to 25 mg) subcutaneous q7h x 3 doses PRN (until calming occurs), then q8h	
if not settled, call physician.	
Quantity: methotrimeprazine 25 mg/mL, 1 mL x 5	
3. Severe bleed	
<input type="checkbox"/> midazolam 10 mg IV (preferred) or 10 mg subcutaneous x 1 dose	
Quantity: midazolam 5 mg/mL, 2 mL x 1	
4. Seizure	
Insite treatment as below and call physician:	
<input type="checkbox"/> Give LORazepam 4 mg subcutaneous stat	
• If seizure lasts a further 10 minutes, give LORazepam _____ (2 to 8 mg) subcutaneous x 1 dose.	
Quantity: LORazepam 4 mg/mL, 1 mL x 5	
5. <input type="checkbox"/> Symptom management kit (if available in community and patient has been assessed for placement)	
<input type="checkbox"/> BC Palliative Care Benefits Registration (Plan P) form has been submitted	
Please review crisis orders when regular opioid dose changes and complete a new form if crisis orders change.	
Review for TMS status:	
Opioid crisis dosing guidelines for physicians:	
• If on PO medications: Give half of the regular q4h PO dose via subcutaneous route.	
• If on subcutaneous medications: Give the regular q4h subcutaneous dose via the subcutaneous route.	
• The strength crisis order dose should not be less than what would be used for the opioid naive patient.	
• Opioid naive patient: Give morphine 5 mg subcutaneous or HYDROMorphone 1 mg subcutaneous (if elderly or renal impairment consider giving 50% of this as a starting dose.)	
Physician signature: _____	College ID: _____ Date: _____ Time: _____
<small>10-111-5204-001.G.C. - 04/19/2022 - Appr - 12/10 Review by December 31, 2021</small>	

Forms

- [Adult Palliative Care Orders: Long Term Care and Designated Palliative Care Bed 10-111-5204-002](#)
- [Adult Palliative Care Crisis Event Orders: Long Term Care and Designated Palliative Care Bed 10-111-5193-002](#)

Notable Changes:

- Acetaminophen PO has been increased to **500mg q 4 hourly PRN with a max 2.6g per day**
- Under moderate to severe restlessness/agitation **“up to 3 doses per event”** adds further clarification to the orders
- Maximum dose of **haloperidol is 12mg per day**
- Maximum dose of **methotrimeprazine is 75mg per day**
- Quantities are pre-set for the opioids and benzodiazepines on both the palliative order set and the crisis order set to reduce repetition for the physician/NP prescriber