



# Updated Adult Palliative Care Orders: Community

The following Northern Health order sets were updated May 27, 2022 and are available on Document Source:

- [Adult Palliative Care Orders: Community 10-111-5204-001](#)
- [Adult Palliative Care Crisis Event Orders: Community 10-111-5193-001](#)

These pre-printed orders:

- May be used for patients located in the community setting.
- Guide medication prescribing to manage the most common palliative symptoms.
- Mirror the inpatient order sets to provide consistent and evidence base care to palliative patients across care settings.
- Provide medication strength and quantity for an approximate 7 day supply that can be filled by community pharmacy.
- Can be used in communities that do not have a Palliative Symptom Management Kit (SMK), or for patients in remote communities.
- May also be used as nursing orders for patients that do have a SMK, however **they do not replace** the *Symptom Management Kit Prescription* which is used as a prescription by community pharmacy to enter onto a patient's Pharmanet profile and to fill the standardized medication dispensed in the SMK.

If you have any questions about these updated order sets or would like additional support managing palliative symptoms, please contact:

NH Regional Palliative Nurse Consultants (p) 250-645-3791  
[Palliative.Care.Consult.Team@northernhealth.ca](mailto:Palliative.Care.Consult.Team@northernhealth.ca)

or

Suzy Stever, Regional Palliative Care Consultation Team Pharmacist-Lead

**northern health**  
Regional Order Set  
Adult Palliative Care Orders:  
Community  
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Allergies:  None Known  Unable to Obtain  Weight: \_\_\_\_\_ kg  
List with Reactions: \_\_\_\_\_ Height: \_\_\_\_\_ cm

For crisis orders, refer to 10-111-5193-001 Adult Palliative Care Crisis Event Orders: Community  
• Community pharmacy to fill. This prescription is for approximately 7 days supply of medication.  
• may insert Foley catheter with 10 mL Lidocaine 2% jelly PRN (do not dispense)

1. PATIENT CARE  
Crisis or pain  
• acetaminophen 650 mg PO q6h PRN fever or pain (intra: 325 mg x 100 tabs)  
• acetaminophen 650 mg PRN q6h PRN fever or pain (intra: 325 mg x 100 tabs)

Pain/thorax of breath (all opioid orders require duplicate prescription)  
scheduled opioid: \_\_\_\_\_ mg PO q6h scheduled  
"CIC"  
\_\_\_\_\_ mg subcutaneous q6h scheduled  
Total 24h subcutaneous dose = half of total 24h PO dose  
"CIC"  
other (i.e. SR, fentanyl, patch): \_\_\_\_\_

breakthrough opioid: \_\_\_\_\_ mg PO q6h PRN pain/thorax of breath  
"CIC"  
\_\_\_\_\_ mg subcutaneous q30 min PRN pain/thorax of breath  
Allow same opioid for regular and breakthrough doses. Breakthrough dose should be 10% of total regular q6h opioid dose. Does not apply to fentanyl, patch or methadone.)

Anxiety  
 Lorazepam 1 mg sublingual q6h PRN anxiety (max 6 mg/24h) (intra: 1 mg SL x 30 tabs)

Nausea/vomiting (consider ordering as scheduled if experiencing persistent symptoms)  
 metoclopramide 10 mg PO qd PRN nausea/vomiting (intra: 5 mg x 60 tabs)  
 metoclopramide 10 mg subcutaneous qd PRN nausea/vomiting (intra: 5mg/mL, 2 mL x 30 vials)  
"CIC"  
 haloperidol 0.5 to 1.5 mg PO q6h PRN nausea/vomiting (intra: 1 mg x 60 tabs)  
 haloperidol 0.5 to 1.5 mg subcutaneous q6h PRN nausea/vomiting (intra: 5 mg/mL, 1 mL x 10 vials)

Moderate to severe restlessness (regularly reassess management and contact MRP if patient does not settle)  
 haloperidol \_\_\_\_\_ mg (0.5 to 2 mg) PO q6h PRN up to 3 doses (until calming occurs), then q4 to 6h PRN moderate to severe restlessness (intra: 1 mg x 60 tabs)  
 haloperidol \_\_\_\_\_ mg (0.5 to 2 mg) subcutaneous q6h PRN up to 3 doses (until calming occurs), then q4 to 6h PRN moderate to severe restlessness (intra: 5 mg/mL, 1 mL x 15 vials)  
"CIC"  
 methotrimeprazine \_\_\_\_\_ mg (12.5 to 25 mg) subcutaneous q6h PRN up to 3 doses (until calming occurs), then q4 to 6h PRN moderate to severe restlessness (intra: 25 mg/mL, 1 mL x 30 vials)

Prescriber signature: \_\_\_\_\_ College ID: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Do NOT photocopy or alter electronically. Print new orders directly from OurHill Order Set Site: 10-111-5204-001 (MD - RCPNP) - Rev. 05/22/ Review by December 2023

For symptom management support or complex situations, consult the Palliative Care Consultation Team: 250-645-3791  
Prescriber Signature: \_\_\_\_\_ College ID: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**northern health**  
Regional Order Set  
Adult Palliative Care Crisis Event Orders:  
Community  
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Allergies:  None Known  Unable to Obtain  Weight: \_\_\_\_\_ kg  
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For other community orders, refer to 10-111-5204-001 Adult Palliative Care Orders: Community  
• If any of the below treatment is initiated, contact the MRP and consider a Palliative Care consultation  
• please review crisis orders when regular opioid dose changes  
• all opioid orders require duplicate prescription

1. MEDICATIONS  
Opioid crisis dosing guidelines for physicians:  
- if on PO opioids, give half of the regular q6h PO dose via subcutaneous route  
- if on subcutaneous opioids, give the regular q6h subcutaneous dose via the subcutaneous route  
- the maximum crisis order dose should not be less than what would be used for the opioid naive patient  
- opioid naive patient: morphine 5 mg subcutaneous or HYDRORAPROPHONE 1 mg subcutaneous  
- if elderly or renal impairment, consider giving 50% of the above starting dose.

Severe pain (rating 7/10 or greater) (shortness of breath (choose one))  
 morphine \_\_\_\_\_ mg subcutaneous STAT, may repeat q20 min PRN severe pain/thorax of breath, up to 3 doses until first sign that symptom is breaking (intra: 10 doses)  
"CIC"  
 HYDRORAPROPHONE \_\_\_\_\_ mg subcutaneous STAT, may repeat q20 min PRN severe pain/thorax of breath, up to 3 doses until first sign that symptom is breaking (intra: 10 doses)

Severe agitation (unless if regular dosing required)  
 methotrimeprazine \_\_\_\_\_ mg (12.5 to 25 mg) subcutaneous q6h PRN severe agitation, up to 3 doses or until calming occurs (intra: 25 mg/mL, 1 mL x 10 vials)

Severe bleed (blood loss greater than 150 mL/min or antipractical loss of entire blood volume in 24 hours)  
 methoxycarbonyl \_\_\_\_\_ mg subcutaneous once x 1 dose PRN severe bleed, may repeat once after 15 min (intra: 5 mg/mL, 2 mL x 2 vials)

Seizure  
 Lorazepam 4 mg subcutaneous once x 1 dose PRN seizure  
• if seizure lasts greater than 10 min, repeat Lorazepam \_\_\_\_\_ mg (2 to 4 mg) subcutaneous once x 1 dose (intra: 4 mg/mL, 1 mL x 10 vials)

Prescriber signature: \_\_\_\_\_ College ID: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
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