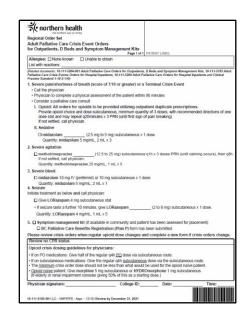


Goals

- 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 1<sup>st</sup> and 2<sup>nd</sup> 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



## <u>Forms</u>

- 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

