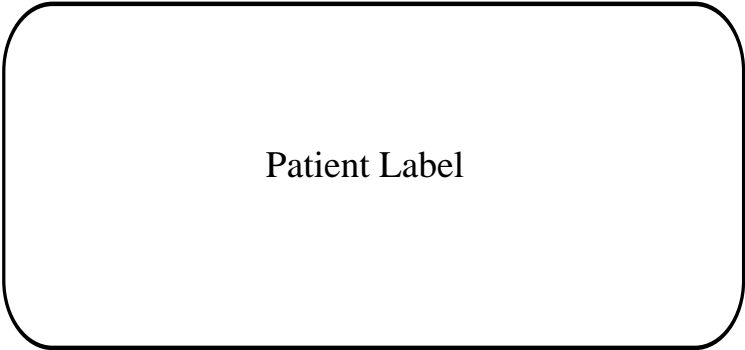


Hospice Care Ottawa Admission Orders

Admit to hospice under Dr. _____

Date:

- Maycourt Hospice Ruddy Shenkman Hospice
 DNR discussed with patient and/or POA/SDM
 Diet as per nursing assessment/discretion
 Catheter prn urinary retention and change monthly No catheter
 Bed alarm as per nursing assessment and discretion
 Oxygen _____ L/min via _____ titrate to comfort cont prn No oxygen



MEDICATION	STRENGTH	ROUTE	INSTRUCTIONS	INDICATION	For Nurse
morphine <i>LU 481</i>	<input type="checkbox"/> 5mg tabs <input type="checkbox"/> 2mg per mL <input type="checkbox"/> 10mg per mL Other: <input type="checkbox"/> _____	<input type="checkbox"/> PO <input type="checkbox"/> Subcut <input type="checkbox"/> CADD* <input type="checkbox"/> (IV <input type="checkbox"/> Subcut)	Total mitte: _____ Rep: 0 Dispense _____ at a time on RN request	<input type="checkbox"/> Pain <input type="checkbox"/> Dyspnea	<input checked="" type="checkbox"/> Send <input type="checkbox"/> Do not Send
hydromorphone (Dilaudid)	<input type="checkbox"/> 1mg tabs <input type="checkbox"/> 2mg per mL <input type="checkbox"/> 10mg per mL Other: <input type="checkbox"/> _____	<input type="checkbox"/> PO <input type="checkbox"/> Subcut <input type="checkbox"/> CADD* <input type="checkbox"/> (IV <input type="checkbox"/> Subcut)	Total mitte: _____ Rep: 0 Dispense _____ at a time on RN request		<input checked="" type="checkbox"/> Send <input type="checkbox"/> Do not Send
acetaminophen (Tylenol)	<input type="checkbox"/> 325mg tab <input type="checkbox"/> 500mg tab <input type="checkbox"/> 650mg supp	<input type="checkbox"/> PO <input type="checkbox"/> PR	(Maximum _____ g in 24 hrs) Mitte: _____ Rep: _____	<input type="checkbox"/> Pain <input type="checkbox"/> Fever	<input checked="" type="checkbox"/> Send <input type="checkbox"/> Do not Send
dexamethasone (Decadron)	<input type="checkbox"/> 0.5mg tab <input type="checkbox"/> 2mg tab <input type="checkbox"/> 4mg tab <input type="checkbox"/> 4mg per mL	<input type="checkbox"/> PO <input type="checkbox"/> Subcut	Mitte: _____ Rep: _____	<input type="checkbox"/> Pain <input type="checkbox"/> Energy <input type="checkbox"/> Appetite <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Send <input type="checkbox"/> Do not Send
methotrimeprazine (Nozinan)	<input type="checkbox"/> 2mg tabs <input type="checkbox"/> 5mg tabs <input type="checkbox"/> 25mg tabs <input type="checkbox"/> 25mg per mL	<input type="checkbox"/> PO <input type="checkbox"/> Subcut	Mitte: _____ Rep: _____	<input type="checkbox"/> Dyspnea <input type="checkbox"/> Nausea <input type="checkbox"/> Agitation <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Send <input type="checkbox"/> Do not Send
haloperidol (Haldol)	<input type="checkbox"/> 0.5mg tab <input type="checkbox"/> 1mg tab <input type="checkbox"/> 2mg tab <input type="checkbox"/> 5mg per mL	<input type="checkbox"/> PO <input type="checkbox"/> Subcut	Mitte: _____ Rep: _____	<input type="checkbox"/> Nausea <input type="checkbox"/> Agitation <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Send <input type="checkbox"/> Do not Send

* For assistance with ordering a CADD pump, please go to <http://healthcareathome.ca/cham-plain/en/partner/Documents/Medical%20Referral%20Infusions%20for%20Symptom%20Manage->

metoclopramide (Maxeran) LU 481	<input type="checkbox"/> 5mg tab <input type="checkbox"/> 10mg tab <input type="checkbox"/> 10mg per 2mL	<input type="checkbox"/> PO <input type="checkbox"/> Subcut	Mitte: _____ Rep: ____	<input type="checkbox"/> Nausea <input type="checkbox"/> Upper GI motility	<input checked="" type="checkbox"/> Send <input type="checkbox"/> Do not Send
midazolam (Versed) LU 495 LU 496 (for CADD)	<input type="checkbox"/> 5mg per mL	<input type="checkbox"/> Subcut <input type="checkbox"/> SL <input type="checkbox"/> CADD* (<input type="checkbox"/> IV <input type="checkbox"/> Subcut)	Mitte: _____ Rep: ____	<input type="checkbox"/> Dyspnea <input type="checkbox"/> Anxiety <input type="checkbox"/> Agitation <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Send <input type="checkbox"/> Do not Send
phenobarbital LU 481	<input type="checkbox"/> 120mg per mL	<input type="checkbox"/> deep Subcut/IM	Total mitte: _____ Rep: 0 Dispense _____ at a time on RN request	<input type="checkbox"/> Agitation <input type="checkbox"/> Seizure prophylaxis	<input checked="" type="checkbox"/> Send <input type="checkbox"/> Do not Send
glycopyrrolate LU 481	<input type="checkbox"/> 0.2mg per mL	<input type="checkbox"/> Subcut	Mitte: _____ Rep: ____	Upper airway secretions	<input checked="" type="checkbox"/> Send <input type="checkbox"/> Do not Send
scopolamine LU 481	<input type="checkbox"/> 0.4mg per mL <input type="checkbox"/> 0.6mg per mL	<input type="checkbox"/> Subcut	Mitte: _____ Rep: ____		<input checked="" type="checkbox"/> Send <input type="checkbox"/> Do not Send
sennosides (Senokot)	<input type="checkbox"/> 8.6mg tab <input type="checkbox"/> 1.7mg per mL syrup	<input type="checkbox"/> PO	Mitte: _____ Rep: ____	Constipation	<input checked="" type="checkbox"/> Send <input type="checkbox"/> Do not Send
bisacodyl (Dulcolax)	<input type="checkbox"/> 5mg tab <input type="checkbox"/> 10mg supp	<input type="checkbox"/> PO <input type="checkbox"/> PR	Mitte: _____ Rep: ____		<input checked="" type="checkbox"/> Send <input type="checkbox"/> Do not Send
lactulose	<input type="checkbox"/> 667mg per mL syrup	<input type="checkbox"/> PO	Mitte: _____ Rep: ____		<input checked="" type="checkbox"/> Send <input type="checkbox"/> Do not Send
PEG 3350	<input type="checkbox"/> 17g (1cap)	<input type="checkbox"/> PO	Mitte: _____ Rep: ____		<input checked="" type="checkbox"/> Send <input type="checkbox"/> Do not Send

ADDITIONAL ADMISSION ORDERS** (if additional space is needed, see page 3)

DATE: _____ **MD NAME / CPSO #:** _____

TIME: _____ **MD SIGNATURE:** _____

FOR OFFICE USE Transcribed to HCO MAR by: _____

Second check by: _____

** A 14 day supply of medications is recommended for patients with PPS 30% or higher.

ADDITIONAL ADMISSION ORDERS:**

	<input type="checkbox"/> Send <input type="checkbox"/> Do not Send
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	<input type="checkbox"/> Send <input type="checkbox"/> Do not Send

DATE: **MD NAME / CPSO #:**

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