fraserhealth

Regional Pre-Printed Orders for

Actively Dying Protocol:

Caring for Residents in Final Days

(Residential Care)

Form ID: DRDO104929D Rev: July 11, 2018 Page: 1 of 1

DRUG & FOOD ALLERGIES

• **Mandatory** ☐ **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

RN/RPN has determined that the resident meets all 4 mandatory criteria required to implement these orders:

- Death anticipated as imminent (i.e. within next week)
- Resident is bed bound AND taking minimal oral nutrition
- Goals of care are established through discussions with resident/substitute decision maker and are documented
- MOST form has been completed and supports the care of a resident who is actively dying as stated this protocol

Declaration (as assessed by RN or RPN):

- I have determined that the resident meets the above criteria on _____ (Date (dd/mm/yyyy)) _____ (RN/RPN Signature)

Physician Orders:

- Discontinue ALL previous medication orders **except** for the following: (include name, dose, route & directions)
  Note: **fentanyl** patch should not be discontinued if in use and effective.

  _____

  _____

- Change medical orders to align with goals of care (check all that apply):
  - ☐ Discontinue vital signs, weight, glucometer and blood work
  - ☐ Offer psychosocial support for family as available and as needed
  - ☐ RN/RPN/LPN may pronounce death and physician to be notified within 24 hours
  - ☐ May insert Foley catheter as required for comfort or distress
  - ☐ Insert subcutaneous catheters as indicated for the medications ordered below (one site per medication)

If symptoms listed in the table below are present while the resident is actively dying, the accompanying orders listed on the right column of the table have been approved by the physician to promote comfort (alternative medications may be prescribed by the physician on separate order sheet).

Fever causing discomfort	☐ **acetaminophen** 650 mg rectally Q4H PRN
Nausea & Vomiting	☐ **haloperidol** 0.25 to 0.5 mg subcutaneous Q12H regularly (consult physician if more than 2.5 mg from all sources is required in 24 hours)
Pain and/or Dyspnea **select 1 and/or 2 OR 3** (do not select options 1, 2, & 3 concurrently) *See conversion chart overleaf*	1 ☐ Convert current regular PO opioid to **HYDROmorphone** subcutaneous Q4H: **HYDROmorphone**_____mg subcutaneous Q4H **and/or** For community pharmacy, **dispense 40 doses** 2 ☐ For breakthrough: **HYDROmorphone**_____mg subcutaneous Q1H PRN (recommended 10% of total daily dose) For community pharmacy, **dispense 40 doses** **OR for opioid-naïve individuals** 3 ☐ If opioid naive, **HYDROmorphone** 0.25 mg subcutaneous Q1H PRN For community pharmacy, **dispense 40 doses**
Respiratory Secretions and Congestion	☐ **atropine** 1% ophthalmic drops 1 to 2 drops on or under tongue Q1H to Q2H PRN ☐ **glycopyrrolate** 0.4 mg subcutaneous Q4H PRN (maximum 2.4 mg in 24 hours)
Restlessness Twitching & Jerking	☐ **haloperidol** 0.5 mg subcutaneous Q4H PRN for restlessness (consult physician if more than 2.5 mg from all sources is required in 24 hours) ☐ **LORazepam** 0.5 to 2 mg sublingual or subcutaneous Q2H PRN (maximum 4 mg in 24 hours)

If protocol still active in 2 weeks from date signed by physician, the orders must be reviewed by physician
Pharmacy requires new signed orders to provide additional medications beyond 2 weeks (for community practice).

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name and College ID#

Print Shop # 256836

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Opioid Equianalgesic Conversion worksheet[1]

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1. Potency comparison

Opioid	oxyCODONE	morphine	HYDROmorphone
Relative potency: when switching drugs, reduce dose 20-25% (1/4)	1.5x stronger than **morphine**	Subcutaneous 2x stronger than oral dose	5x stronger than **morphine**

Fraser Health (2006) Hospice Palliative Care Symptoms Guidelines. Principles of Opioid Management, p. 6-7.

2. Methadone

Methadone: Consult with methadone prescribing physician

3. Converting oral oxyCODONE to subcutaneous HYDROmorphone

1. Add up total **oxyCODONE** dose in last **24 hours**	= **24-hour** oral **oxyCODONE** dose
2. Multiply **24-hour oxyCODONE** dose by 1.5	= **24-hour** oral **morphine** dose
3. Divide **24-hour oral morphine** dose by 2	= **24-hour** subcutaneous **morphine** dose
4. Divide **24-hour** subcutaneous **morphine** dose by 5	= Equianalgesic **24-hour** subcutaneous **HYDROmorphone** dose
5. Multiply equianalgesic **24-hour** subcutaneous H**YDROmorphone** dose by 0.75 (25% reduction)	= Adjusted **24-hour** subcutaneous **HYDROmorphone** dose
6. Divide adjusted **24-hour** subcutaneous **HYDROmorphone** dose by 6	= Subcutaneous **HYDROmorphone** dose every 4 hours
7. Divide adjusted **24-hour** subcutaneous **HYDROmorphone** dose by 10	= **Breakthrough** dose given subcutaneously every 1 hour **PRN**

4. Converting oral HYDROmorphone to subcutaneous HYDROmorphone

1. Add up total oral dose of **HYDROmorphone** in last **24 hours**	= **24-hour** oral **HYDROmorphone** dose
2. Divide **24-hour** oral dose by 2	= **24-hour** subcutaneous **HYDROmorphone** dose
3. Divide **24-hour** subcutaneous dose by 6	= Subcutaneous **HYDRomorphone** dose every 4 hours
4. Divide **24-hour** subcutaneous dose by 10	= **Breakthrough** dose given subcutaneously every 1 hour **PRN**

[1]These are approximate initial conversions. As this is not an exact science, residents may need higher doses and should not be denied more analgesia if symptoms warrant.

5. Converting subcutaneous morphine to subcutaneous HYDROmorphone

1. Add up total subcutaneous **morphine** in last **24 hours**	= **24-hour** subcutaneous **morphine** dose
2. Divide **24-hour** subcutaneous **morphine** by 5	= Equianalgesic **24-hour** subcutaneous **HYDROmorphone** dose
3. Multiply equianalgesic **24-hour** subcutaneous **HYDROmorphone** by 0.75 (25% reduction)	= Adjusted **24-hour** subcutaneous **HYDROmorphone** dose
4. Divide adjusted **24-hour** subcutaneous **HYDROmorphone** dose by 6	= Subcutaneous **HYDROmorphone** dose every 4 hours
5. Divide adjusted **24-hour** subcutaneous **HYDROmorphone** dose by 10	= **Breakthrough** dose given subcutaneously every 1 hour **PRN**

6. Converting oral morphine to subcutaneous HYDROmorphone

1. Add up total oral **morphine** dose in last **24 hours**	= **24-hour** oral **morphine** dose
2. Divide **24-hour** oral **morphine** dose by 2	= **24-hour** subcutaneous **morphine** dose
3. Divide **24-hour** subcutaneous **morphine** dose by 5	= Equianalgesic **24-hour** subcutaneous **HYDROmorphone** dose
4. Multiply equianalgesic **24-hour** subcutaneous **HYDROmorphone** by 0.75 (25% reduction)	= Adjusted **24-hour** subcutaneous **HYDROmorphone** dose
5. Divide adjusted **24-hour** subcutaneous **HYDROmorphone** dose by 6	= Subcutaneous **HYDROmorphone** dose every 4 hours
6. Divide adjusted **24-hour** subcutaneous **HYDROmorphone** dose by 10	= **Breakthrough** dose given subcutaneously every 1 hour **PRN**

7. Calculation of breakthrough dose of HYDROmorphone for fentanyl Patches users

fentanyl Patch	Continue current dose if effective	Divide current dose of **fentanyl** by 25 = **Breakthrough** dose of **HYDROmorphone** given subcutaneously every 1 hour **PRN**

Note:

- **HYDROmorphone** is available as 2 mg/mL, 10 mg/mL, and 50 mg/mL injections
- ONLY 2 mg/mL available in contingency
- Other strengths must be ordered specifically for a resident