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Regional Pre-Printed Orders for
Actively Dying Adults
Acute & Long-Term Care

Note: There is a corresponding IMAR for this pre-printed medication order form.

Form ID: DRDO107520A New: June 01, 2022 Page: 1 of 1

DRUG & FOOD ALLERGIES

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

I have determined patient meets all of the criteria:

- Death anticipated in hours to days (patient must be reviewed daily)
- Patient is bed bound AND taking minimal oral nutrition
- Patient's prognosis and goals of care have been discussed with the patient or Substitute Decision Maker and documented
- Review MOST status – commonly will be DNR M1

Assessor's (Acute: MRP; LTC: MRP/RN/LPN/RPN) Signature: _____ Date: _____

Change medical orders to align with goals of care (check all that apply):

☐ Discontinue routine vital signs, weights, glucometer, diagnostic testing, oximetry and blood work
☐ Stop IV/enteral feeds – may cause edema and build-up of secretions in lungs
☐ May insert indwelling Foley catheter as required for comfort
☐ Nurse may pronounce death

MRP to review ALL current MEDICATIONS (Do not discontinue fentanyl patch or methadone - see back page)

- Discontinue all oral medications except:

_____

SYMPTOMS	MEDICATIONS
Mild pain and/or Distressing Fever	☐ **acetaminophen** 650 mg PO/rectal Q4H PRN (maximum 4000 mg/24 h from all sources)
Pain/Dyspnea	If currently taking opioids: ☐ Convert current regular PO opioid to HYDROmorphone subcutaneous Q4H: **HYDROmorphone** _____ mg subcutaneous Q4H For community pharmacy, dispense 40 doses ☐ For breakthrough: **HYDROmorphone** _____ mg subcutaneous Q1H PRN (recommended 10% of total daily dose) For community pharmacy, dispense 40 doses *OR* If OPIOID NAÏVE (see definition on back page): ☐ If opioid naïve, **HYDROmorphone** 0.25 mg subcutaneous Q1H PRN For community pharmacy, dispense 40 doses
Distressing Restlessness/ Agitation	☐ Less sedating: **haloperidol** 0.5 to 1 mg subcutaneous Q4H PRN (call MRP if more than 2.5 mg from all sources is required in 24 hours) ☐ More sedating: **methotrimeprazine** 6.25 to 12.5 mg subcutaneous Q4H PRN (call MRP if requiring more than 25 mg in 12 hours)
Nausea and/or Vomiting	☐ **haloperidol** 0.5 to 1 mg subcutaneous Q12H PRN (call MRP if more than 2.5 mg from all sources is required in 24 hours)
Anxiety	☐ **LORazepam** 0.5 to 1 mg sublingual/subcutaneous Q2H PRN (call MRP if using more than 2 mg in 12 hours). For community pharmacy, dispense 40 doses.
Upper Airway Secretions	☐ **atropine 1% eye drop** 2 drops sublingual Q2H PRN ☐ **glycopyrrolate** 0.4 mg subcutaneous Q4H PRN (maximum 2.4 mg per 24 hours)
Note: Each subcutaneous medication requires its own site	

- PPO is only active for 2 weeks. After two weeks, if still needed, MRP must review PPO and reorder.
- Pharmacy requires new signed PPO to provide additional medications beyond 2 weeks.

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

Print Shop # 263518

Tips for Stopping Oral Medication:

- If patient can no longer swallow, stop all oral medications. Some may need to be converted to another route
- If unsure about medications to stop after reviewing tool for stopping medications at end of life, consult pharmacist or palliative care
- Consider purpose of medications and impact if stopped ie:
  - Do not stop fentanyl patch on dying patients
  - Do not automatically stop steroids – can be converted to subcutaneous route
  - Some diuretics may be beneficial to continue for symptom management of dyspnea

Opioid Equianalgesic Conversion Worksheet

Opioid Naïve definition: patient has received less than 60 mg of oral morphine equivalents daily for less than 7 consecutive days

1. Relative potency comparison *(Note: when rotating opioids, reduce final dose by 25%)*

Opioid	oxyCODONE (not available in subcutaneous route)	HYDROmorphone
Relative Potency	1.5x stronger than morphine	5x stronger than morphine
Examples:	oxyCODONE 5 mg PO is approximately equal to morphine 7.5 mg PO	HYDROmorphone 1 mg PO is approximately equal to morphine 5 mg PO

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

2. methadone
   - methadone: Consult with pharmacist or palliative consult team
3. Converting oral oxyCODONE/morphine to subcutaneous HYDROmorphone

STEP 1: If starting with oral oxyCODONE: • Add up total oxyCODONE in last 24 hours • Convert to oral morphine by multiplying above dose by 1.5 STEP 1: If starting with oral morphine: • Add up total oral morphine in last 24 hours	= 24 hour oral morphine dose
STEP 2: Convert 24 hour oral morphine dose to 24 hour subcutaneous dose • Divide 24 hour oral morphine dose by 2	= 24 hour subcutaneous morphine dose
STEP 3: Convert 24 hour subcutaneous morphine dose to subcutaneous HYDROmorphone • Divide 24 hour subcutaneous morphine dose by 5	= 24 hour subcutaneous HYDROmorphone dose
STEP 4: Reduce dose by 25% (due to potential for cross tolerance), unless patient having significant pain/dyspnea: • Multiply equianalgesic 24 hour subcutaneous HYDROmorphone dose by 0.75 (i.e. 25% reduction)	= 24 hour subcutaneous HYDROmorphone reduced dose
STEP 5: Determine regular Q4H dose • Divide 24 hour subcutaneous HYDROmorphone dose by 6	= regular subcutaneous HYDROmorphone dose every 4 hours
STEP 6: Determine breakthrough PRN dose • Divide 24 hour subcutaneous HYDROmorphone dose by 10	= breakthrough subcutaneous HYDROmorphone dose every 1 hour PRN

4. Converting oral HYDROmorphone to subcutaneous route
   Step 1: Divide 24 hour oral HYDROmorphone dose by 2 to get subcutaneous dose
   Step 2: Divide 24 hour subcutaneous dose by 6 to get Q4H dose
   Step 3: Breakthrough dose is 10% of 24 hour subcutaneous dose ordered Q1H PRN
5. fentanyl patch
   - Continue current dose of fentanyl patch if effective

   Breakthrough PRN dosing:
   - Divide current dose of fentanyl by 25 to equal breakthrough dose of HYDROmorphone, given subcutaneously every 1 hour PRN
   - Example: if patient on fentanyl 50 mcg/h patch, patient will need HYDROmorphone 2 mg subcutaneous Q1H PRN as breakthrough

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Regional Interim Medication Administration Record for Actively Dying Adults (PPO Form ID: DRDO107520A)

Acute & Long-Term Care

****NOT VERIFIED by Pharmacy****
****MAR content MUST BE verified for accuracy by comparing with the original order BEFORE using****

Date: _____ **Allergies:** _____

SCHEDULED MEDICATIONS	**Not given KEY:** A=Absent HR=Heart Rate LOA=Leave NA=Not Available NPO N/V R=Refused S=Sleeping
MEDICATION and DIRECTIONS	**ADMINISTRATION TIMES**
HYDROmorphone inj (DILAUDID EQUIV) **_____ mg subcutaneous Q4H** For pain and/or dyspnea.	

Date: _____ **Allergies:** _____

PRN MEDICATIONS	**Not given KEY:** A=Absent HR=Heart Rate LOA=Leave NA=Not Available NPO N/V R=Refused S=Sleeping
MEDICATION and DIRECTIONS	**ADMINISTRATION TIMES**
acetaminophen tab **650 mg PO Q4H PRN** For mild pain and/or distressing fever. Or see alternate rectal order on MAR. Maximum 4000 mg in 24 hours from all sources.	
acetaminophen supp **650 mg rectally Q4H PRN** For mild pain and/or distressing fever. Or see alternate PO order on MAR. Maximum 4000 mg in 24 hours from all sources.	
HYDROmorphone inj (DILAUDID EQUIV) **____ mg subcutaneous Q1H PRN** For breakthrough pain and/or dyspnea.	
HYDROmorphone inj (DILAUDID EQUIV) **0.25 mg subcutaneous Q1H PRN** For pain and/or dyspnea	
haloperidol inj **0.5 to 1 mg subcutaneous Q4H PRN** For distressing restlessness/agitation. (Less sedating than methotrimeprazine) (Call MRP if more than 2.5 mg from all sources is required in 24 hours)	
methotrimeprazine inj **6.25 to 12.5 mg subcutaneous Q4H PRN** For distressing restlessness/agitation. (More sedating than haloperidol) (Call MRP if requiring more than 25 mg in 12 hours)	

Date: _____ **Allergies:** _____

PRN MEDICATIONS	**Not given KEY:** A=Absent HR=Heart Rate LOA=Leave NA=Not Available NPO N/V R=Refused S=Sleeping
MEDICATION and DIRECTIONS	**ADMINISTRATION TIMES**
haloperidol inj **0.5 to 1 mg subcutaneous Q12H PRN** For nausea and/or vomiting. (Call MRP if more than 2.5 mg from all sources is required in 24 hours)	
LORazepam sublingual tab **0.5 to 1 mg sublingual Q2H PRN** For anxiety. Or see alternate subcutaneous order on MAR. (Call MRP if using more than 2 mg in 12 hours)	
LORazepam inj **0.5 to 1 mg subcutaneous Q2H PRN** For anxiety. Or see alternate sublingual order on MAR. (Call MRP if using more than 2 mg in 12 hours)	
atropine 1% eye drop **2 drops sublingual Q2H PRN** For upper airway secretions.	
glycopyrrolate inj **0.4 mg subcutaneous Q4H PRN** For upper airway secretions. (Maximum 2.4 mg per 24 hours.)	