Patient Name: ____________________________________________ MRN __________________________ Date of Birth: __________

Physician: Please sign and date on the back if you approve of these orders. You may make any changes necessary. You will be notified of any changes that occur to the patient’s plan of care (POC). If medications are needed for on-going treatment, you will be contacted for a continuing order.

General Orders:
Physical/Occupational/Speech/Podiatry/Dietary consult. Foley Catheter to D.D. PRN; replace when not functioning or by order. Durable Medical Equipment. Activity/diet as tolerated; Artificial tears and Saliva (OTC), nasal saline spray (OTC) PRN. Hospice physician consult as needed. CXR for placement (covered)

Agitation/Anxiety:
Lorazepam (Ativan) 0.5 – 1 mg (PO/SL/IV) q4h PRN or 
Diazepam (Valium) 10mg IM/IV/PO q4h PRN

Belching:
Mylicon (Simethicone) 80 mg 1 chewable tab a.c. & H.S. PRN

Bladder Spasm:
Oxybutynin (Ditropan) 2.5-5 mg PO BID-QID PRN

Bleeding:
Phenylephrine Hydrochloride (Neo-Synephrine) ½% Nasal Spray, 1-2 sprays QID PRN
Massive bleeding: Diazepam (Valium) 10 mg IM/IV q4h PRN (to calm patient if anxious)

Constipation:
Assess bowel sounds; if none, consult physician. Senna/sennosides (Senokot) 1-4 tabs PO BID titrate to bowel function. Always start Senna with opioids. If BS+, and no BM x 48 hrs: give 1 Bisacodyl (Dulcolax) 10 mg supp. (PR) or MOM 30ml (PO) daily PRN. If BS+, and no BM x 72 hrs: Magnesium Citrate 4-8 oz (PO) and/or Saline (Fleet) Enema (PR) x 1

Cough:
Increase humidity in patient’s environment and encourage fluids. Guaifenesin/Dextromethorphan (Robitussin DM) 2 tsp (PO) q4h PRN for loose cough; or Guaifenesin/Codeine (Robitussin AC) 2 tsp (PO) q4h PRN for dry cough

Diarrhea:
Assess for impaction; if none, give Diphenoxylate/atropine (Lomotil) 2.5mg-5mg or Loperamide (Imodium) 2mg after each BM, up to 8 tabs daily

Dyspnea:
Oxygen 2 L/min for comfort, document respiration. Morphine 2 mg IVP q 3 h prn dyspnea
If no relief, in addition to Morphine add Lorazepam (Ativan) 0.5 – 1 mg (PO/SL/IV) q4h PRN. If unresolved call physician

Edema(Pulmonary):
Furosemide (Lasix) 20 mg IM/IV q 30 min PRN x 2 doses maximum, then call physician for regular order

Fever:
Acetaminophen (Tylenol) 325 mg – 650 mg (PO) or 650 mg suppositories (PR) q4h PRN for temp greater than 101 F (oral) {Max 4gms/day}
Ibuprofen (Motrin) 400 mg (PO) q6h PRN for breakthrough while on Acetaminophen (Tylenol)

Heartburn/Gastritis:
Aluminum/magnesium hydroxide/simethicone (Maalox) 2-4 tsp QID PRN

Hiccoughs:
Oxygen 2-4 L/min per Nasal Cannula.
Baclofen 5mg (PO) q8h PRN

Impaction:
Remove if soft and follow with Saline (Fleet) Enema. If hard: (A) Give Mineral Oil Retention Enema (B) Manually disimpact after 30 minutes (C) Give Saline (Fleet) Enema (D) MOM 30 ml PO daily x 2 days (E) Begin or resume previous protocol.

Insomnia:
Trazodone 50mg (PO) q H.S. PRN

Itching:
Diphenhydramine (Benadryl) 25-50 mg (PO) q6h PRN

Mouth Soreness:
Thrush: Nystatin swish & swallow 5ml (PO) QID x 10 days or Clotrimazole (Mycelex) 1 troche 5x day for 14 days
Mouth Pain: Magic Mouthwash (Benadryl 30mg/Mylanta 60 ml/Carafate 4g) swish & swallow or spit q4h PRN or Viscous Lidocaine 5ml swish & spit up to 8x a day

Muscle Spasm:
Cyclobenzaprine (Flexeril) 5 mg PO TID PRN, may titrate to 10 mg PO TID

Nausea/Vomiting:
Assess for Bowel Sounds, if absent call physician. Haloperidol (Haldol) 1 mg PO q6h PRN or Prochlorperazine (Compazine) 25 mg suppositories q6h PRN, if unable to swallow. (max 50 mg /day PR) or Zofran 4 mg IVP q 6 h PRN OR Compazine 10 mg po q 6 h PRN
Patient Name: ____________________________________

**Pain:**
- **Bone Pain:**
  - Ibuprofen 200 mg 1-2 tabs QID PRN.
  - Acetaminophen 650 mg PO q4h PRN. (MAX 4 GMs/day). Call physician if bone pain unrelieved.
- **Visceral (soft tissue) Pain:**
  - Morphine Sulfate 2 mg IVP q 3 h prn OR
  - Morphine Sulfate Immediate Release 7.5 –15 mg (PO/SL) tabs PO q4h or Morphine Sulfate Solution (Roxanol 20mg/ml): 5 - 10 mg PO/SL q4h with rescue dose of 5 mg q1h x 3 if needed.  
    - Call physician if pain unrelieved.
- **Neuropathic Pain:**
  - Gabapentin (Neurontin) 300 mg PO q H.S. May increase to 900 mg daily.

**Rash (Candidal):**
Miconazole nitrate 2% ointment to affected area BID for 14 days. (stock medication)

**Seizures:**
Lorazepam (Ativan) 4 mg IM or Diazepam (Valium) 10 mg IM/IV q 15 min for max of 3 doses. If unresolved, Phenobarbital 130 mg IM, 1 dose only. Call physician if seizure continues. Call physician for daily anti-seizure order following seizure.

**Sub Q button:**
Maintenance protocol: Change button and rotate site q 3-5 days. Secure with transparent dressing.

**Terminal Congestion:**  (Active patients only)
Scopolamine 0.4 mg (SQ/IV/IM) q4h PRN

**Terminal Restlessness:**  (Active patients only)
May begin with Lorazepam (Ativan) 0.5–2mg (PO/SL/IV) q2–4h PRN or Haloperidol (Haldol) suspension (2mg/ml): 1 mg (0.5ml) (PO) q4h PRN agitation or Diazepam (Valium) 10 mg IM/PO/IV q4h until calm. Call physician if restlessness persists.

**Urinary Infection:**
Confirm for UTI with dipstick. Call physician for antibiotic. If patient has bladder pain, Phenazopyridine (Pyridium) 200 mg PO TID with meals for max of 2 days. (Do not use with liver failure.)

**VAD (Vascular Access Device) Per HOSPITAL Protocol**

**Skin Protocol:**  Per HOSPITAL Protocol
*Wounds with odor:* May use crushed Metronidazole (Flagyl) 250 mg tab mixed with Sāf-gel and applied with each dressing change; (max BID).

The undersigned delegates the nurses caring for Angela Hospice patients the authority to transmit to the pharmacist medical treatment orders, prescriptions and subsequent changes, to the original orders, as necessary. These orders are for emergency use only. The nurse will act as the agent of the physician except as prohibited by statute.

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**Verbal order received from physician named above**

Signature of Physician

**Signature, date and time of RN receiving verbal order**

Date of Signature

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