Hand In Hand HOSPICE

Patient Name_____Room#_____
Physician _____
Facility _____
Date _____ Time _____

Routine Physician/Admission Orders
Follow checked orders

1. Admit to Hand In Hand Hospice for end of life care
□ **Diagnosis**: _____
□ Discontinue Skilled Services
□ Comfort Care Only
□ DNR
□ Notify Hand In Hand Hospice with any concerns or changes in patient status
□ Notify Hand In Hand Hospice prior to any physician appointments
2. Diet:
□ Regular diet as tolerated
□ Do not force food or fluids
□ Patient has known aspiration risk, yet chooses oral intake despite known risks
□ Other
3. Activity:
□ Activity as tolerated
□ Other:
4. Lab/Radiology:
□ Notify Hand In Hand Hospice prior to any lab or radiology services
5. Treatments:
□ Continue current treatments on TAR
6. Medications *(Draw a line through medications not needed/ordered):*
□ Continue current medications on MAR
□ Morphine Sulfate Oral Solution 20mg/mL 0.25 mL po/buccal q 15 minutes PRN moderate pain or air hunger
□ Morphine Sulfate Oral Solution 20mg/mL 0.5 mL po/buccal q 15 minutes PRN severe pain or air hunger
□ Hyoscyamine (Levsin)SL 0.125mg – 1 tab SL q 4 hrs PRN moderate moist secretions
□ Hyoscyamine (Levsin)SL 0.125mg – 2 tabs SL q 4 hrs PRN severe moist secretions
□ Acetaminophen (Tylenol) 650 mg by mouth or rectally every 4 hours PRN pain or fever
□ Oxygen 2-4L per nasal cannula PRN shortness of breath or for patient's comfort
□ Lorazepam (Ativan) 0.5 mg po/sublingual every 2 hours PRN anxiety or terminal restlessness (DC in 2 wks)
□ Ondansetron (Zofran) 4mg po or rectally every 6 hours PRN nausea/vomiting
□ OxyFast 20 mg/mL 0.25 mL po/buccal every 15 minutes PRN moderate pain or shortness of breath
□ OxyFast 20 mg/mL 0.5 mL po/buccal every 15 minutes PRN severe pain or shortness of breath

Physician Signature _____ Date_____