



Franciscan Healthcare

(Patient Label)

## MED Palliative Sedation Medication Adjunct

This order set is restricted and can only be used by the Palliative/Hospice Care Team on patients 18 years of age or older.

### ALERT

This order set is used in conjunction with the MED Comfort Care Only Adjunct. Palliative Care Service consultation needs to be documented prior to initiation of this order set.

### INDICATIONS FOR USE:

- Pain
- Dyspnea
- Agitation
- Nausea/vomiting
- Other (specify): \_\_\_\_\_

### LEVEL OF SEDATION GOAL:

- 1 Awakens to voice (eye open/contact) greater than 10 seconds
- 2 Light sedation: briefly awakens to voice (eye open/contact) less than 10 seconds
- 3 Moderate sedation: movement or eye open, no eye contact
- 4 Deep sedation: no response to voice but movement or eye opening to physical stimuli
- 5 Unarousable: no response to voice or physical stimuli

### INFORMED CONSENT SIGNED AND DOCUMENTED:

- No – stop; complete consent
- Yes, continue
  - Hydration \_\_\_\_\_
  - Nutrition \_\_\_\_\_
- Not Applicable, death from disease expected in hours to days or patient declines artificial hydration/nutrition.

### CODE STATUS:

- Do not resuscitate, do not intubate

### DISCONTINUE ORDERS:

- Discontinue all previously ordered opioids and benzodiazepines

### PATIENT CARE:

Monitoring every 15 minutes for one hour after initiation, and with every dose adjustment, then every 2 hours and document in electronic medical record:

- Pain score. Use FLACC scale for non-verbal patients.
- Sedation monitoring. Use RASS scale
- Respiratory rate.
- Agitation, dyspnea, delirium, myoclonus and other symptoms of distress.

Notify Provider

- Inadequate symptom control, sedation in excess of goal, unexpected decline in patient condition, or patient and/or family distress.

Sent to Pharmacy    Prescriber Initials: \_\_\_\_\_



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### MEDICATIONS:

#### Analgesics

- Select Only One
- Morphine continuous infusion \_\_\_\_\_ mg/hour IV.
    - Morphine \_\_\_\_\_ mg IV push every 15 minutes PRN breakthrough pain.
  - Fentanyl continuous infusion \_\_\_\_\_ mcg/hour IV.
    - Fentanyl \_\_\_\_\_ mcg IV push every 15 minutes PRN breakthrough pain.
  - Dilaudid continuous infusion \_\_\_\_\_ mg/hour IV.
    - Dilaudid \_\_\_\_\_ mg IV push every 15 minutes PRN breakthrough pain.

#### Sedatives

Standard doses in parenthesis; dosing may exceed standard dosing

- Select Only One
- Midazolam (Versed) \_\_\_\_\_ mg IV loading dose (5mg).
    - Midazolam (Versed) continuous infusion \_\_\_\_\_ mg/hour (2-20mg).
  - Lorazepam (Ativan) \_\_\_\_\_ mg IV loading dose (2-5mg).
    - Lorazepam (Ativan) continuous infusion \_\_\_\_\_ mg/hour (0.5-10mg).
  - Propofol continuous infusion \_\_\_\_\_ mcg/kg/min ( 10-50mcg/kg/min).

#### Agitation

- Haloperidol (Haldol) \_\_\_\_\_ mg IV PRN every one hour for increased restlessness or agitation.

#### Myoclonus

- Select Only One
- Dantrolene (Dantrium) \_\_\_\_\_ mg PO every 8 hours PRN for recurrent or persistent myoclonus symptoms.
  - Chlorpromazine (Thorazine) \_\_\_\_\_ mg IV/PO every 4 hours PRN for recurrent or persistent myoclonus symptoms.
  - Other: \_\_\_\_\_
- Flumazenil 0.2mg IV over 15-30 seconds prn reversal of sedative or treatment of paradoxical reaction to benzodiazepine.

Contact Palliative Care consulting service at \_\_\_\_\_ for further titration recommendations of palliative analgesic and/or sedative infusion.

Prescriber Signature: \_\_\_\_\_ Prescriber Pager: \_\_\_\_\_  Sent to Pharmacy  
 Prescriber Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
mm/dd/yyyy hhmm (24 hour clock)

This protocol has been developed to reflect the practice patterns of the clinicians who wrote it. It sets forth recommendations as to practice, not rigid rules.