



# Community Patient Care and Prescription Orders for End of Life

PATIENT INFORMATION LABEL HERE

**Objective:** to provide prescription orders in advance of a patient being unable to swallow medication; to conserve medication supply; and to have medications dispensed in a 5-day supply with repeats available. For patients receiving Community Health Services (home care), in final weeks to days of life with goals consistent with M1 M2.

## PATIENT INFORMATION

|   |                            |
|---|----------------------------|
| Last Name   | First Name                 |
| PHN   | Date of Birth (YYYY/MM/DD) |
| Allergies <input type="checkbox"/> No Known Drug Allergies <input type="checkbox"/> Yes, allergies Include: |                            |
| <input type="checkbox"/> Patient registration on Pharmacare BC Palliative Benefits Confirmed                |                            |

## ROUTING INFORMATION

Pharmacy Name & Fax No.

Community Health Services (CHS) Fax No.

**NOTE:** Duplicate Rx for restricted medications must be provided to retail pharmacy

Pharmacy Instruction: \_\_\_\_\_

## ORDERS

Nurse to insert Foley catheter PRN

Nurse to stop PO meds when unable to swallow and start SUBCUT medication orders as follows:

### PAIN/ DYSPNEA

- Start with lower dose if frail. Avoid morphine if renal function is very poor (eGFR under 30 mL/min/1.73m<sup>2</sup>)
- For dyspnea: if hypoxic and prognosis is weeks rather than days, consider home oxygen.

### Option A: Patient is NOT on opioids and currently NOT experiencing pain or dyspnea

- Morphine 2.5 to 5 mg SUBCUT Q1H PRN pain/dyspnea (First line – due to HYDROmorphine shortage) Recommended concentration Morphine 10 mg/ml. (Available: 2mg/ml, 10mg/ml, 50mg/ml)

**OR**

- HYDROmorphine 0.5 to 1 mg SUBCUT Q1H PRN pain/ dyspnea  
Recommended concentration HYDROmorphine 2mg/ml. (Available: 2mg/ml, 10 mg/ml, 50 mg/ml)

### Option B: Patient already receiving or requires regular opioids to treat ongoing pain or dyspnea

- Subcutaneous and/or transdermal opioid orders already in place, no new opioid orders required

**OR**

- Discontinue all previous oral opioid orders

Determine total opioid dose taken in last 24 hours (incl. PRN doses) and convert to subcutaneous route, note oral:SUBCUT is 2:1 ratio. Breakthrough 10% total daily dose.

Drug and Dose: \_\_\_\_\_ mg SUBCUT Q4H regular

Breakthrough Drug and Dose: \_\_\_\_\_ mg SUBCUT Q1H PRN pain/dyspnea

- If patient continuing fentanyl patch, provide SUBCUT breakthrough order of morphine or HYDROmorphine

## ORDERING PROVIDER

|                               |       |           |
|-------------------------------|-------|-----------|
| Name                          | MSP # | Signature |
| Date/Time (YYYY/MM/DD): _____ |       |           |



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**SEVERE PAIN/DYSPNEA (ONLY for patients at risk for rapid escalation of symptoms)**  
 Change frequency of opioid and lorazepam at ordered PRN dose to Q15 min PRN up to 4 doses where symptoms uncontrolled with usual breakthrough order (*Family to contact Nurse or MD for further instructions*)

- Tips when preparing medications for end of life:**
- Do not automatically stop steroids – convert to dexamethasone subcutaneous route if required for symptom management. (Note: Convert Dexamethasone: Prednisone using 1:7 scale)
  - If patient reliant on anti-seizure medications, consider replacement with regular subcutaneous benzodiazepine or phenobarbital.
  - To avoid symptoms from discontinuation syndrome, consider changing paroxetine to fluoxetine for even just one dose to allow for natural tapering due to the longer half-life
  - Lorazepam may continued to be administered SL by dissolving the tab with a small drop of water.

**Change REGULAR dosing of current symptom medication from oral to SUBCUT (i.e. Non-opioids), as follows:**

\_\_\_\_\_

\_\_\_\_\_

**NAUSEA**  
 Haloperidol 0.5 to 1 mg SUBCUT Q4H PRN for nausea (5 mg/mL Dispense 3 mL)  
 Haloperidol 0.5 to 1 mg SUBCUT BID Regular (5 mg/mL Dispense 3 mL)

**ANXIETY**  
 Lorazepam 0.5 mg – 1 mg SL Q2H PRN for anxiety (0.5 mg tabs Dispense 20 tabs)

**RESTLESSNESS**  
 Haloperidol 0.5 – 1 mg SUBCUT Q4H PRN for restlessness (*less sedating*) (5 mg/mL Dispense 3 mL)  
**OR**  
 Methotrimeprazine 6.25 – 12.5 mg SUBCUT Q2H PRN for restlessness (*more sedating*) (25 mg/mL Dispense 10 mL)

**UPPER AIRWAY SECRETIONS (Select one)**  
 Glycopyrrolate 0.4 mg SUBCUT Q6H PRN for upper airway secretions (*first line*) (0.2 mg/mL Dispense 10 mL)  
**OR**  
 Atropine 1% eye 1-2 drops sublingual Q4H PRN for upper airway secretions (Dispense 1 bottle)

**LOWER RESPIRATORY TRACT SECRETIONS (pulmonary edema) e.g. congestive heart failure**  
 Furosemide 20 mg SUBCUT Q2H PRN for lower respiratory tract secretions (10mg/mL Dispense 40mL)

**REFILLS of non-restricted medications. Number permitted \_\_\_\_\_**  
**NOTE: Palliative Consultation is available 24/7 for additional support; # available through hospital switchboards**

| ORDERING PROVIDER       |                    |           |
|-------------------------|--------------------|-----------|
| Name                    | MSP #              | Signature |
| Date (YYYY/MM/DD) _____ | Time (HH:MM) _____ |           |

Approved by Palliative & End of Life Quality & Operations Council May 21 2020