

**HomeCaring & Hospice
HOSPICE PROTOCOLS - CURRENT**

Hospice Protocol Description: Hospice
Site Of Service: Hospice (7020) - Home

Client: *Standing , Orders 3

Client ID#: 1212074839
Admission Date: 05-29-2008

Method of Dispensing

Medications:

Allergies:

NAME	DOSE/FREQ/ROUTE	REASON/INSTRUCTIONS	R/O
Enema Disposable	19-7 g/118mL, PRN, Rectal	REASON: one daily as needed for relief of constipation INSTRUCTION: HOSPICE	OTC
Bisacodyl	5 mg, PRN, Oral	REASON: 1-2 tabs daily as needed for relief of constipation INSTRUCTION: HOSPICE	OTC
Milk of Magnesia	400 mg/5 mL, PRN, Oral	REASON: 30 ml daily PRN; relief of constipation INSTRUCTION: HOSPICE	OTC
Lorazepam	0.5 mg, PRN, Oral	REASON: 1-4 tabs Q4h prn po/sublingual/rectal; for relief of restlessness/anxiety/breathlessness INSTRUCTION: HOSPICE	RX
Scopolamine Base	1.5 mg, PRN, Transdermal	REASON: 1-3 patches prn; change every 72 hours for control of copious secretions/nausea. One patch will deliver .5 mg scopolamine per day for 3 days INSTRUCTION: HOSPICE	RX
Metoclopramide HCl	10 mg, PRN, Oral	REASON: QID prn, 30 minutes before meals and at bedtime; for control of nausea INSTRUCTION: HOSPICE	RX
Prochlorperazine Maleate	5 mg, PRN, Oral	REASON: 1-2 tabs, Q6h prn for control of nausea INSTRUCTION: HOSPICE	RX
Prochlorperazine	25 mg, PRN, Rectal	REASON: Q12h rectally PRN for control of nausea INSTRUCTION: HOSPICE	RX
Benadryl	25 mg, PRN, Oral	REASON: 1-2 tabs prn at hs for sleep INSTRUCTION: HOSPICE	OTC
Senna S	8.6-50 mg, PRN, Oral	REASON: 1-5 tabs BID prn; titrate for effect, for control of constipation INSTRUCTION: HOSPICE	OTC
Ibuprofen	400 mg, PRN, Oral	REASON: use Q6h prn/scheduled. Do not exceed 3.6 gm/day; for relief of fever/mild pain/bone pain. INSTRUCTION: HOSPICE	RX
Acetaminophen	325 mg, PRN, Oral	REASON: 1-2 tabs Q4-6h prn; not to exceed 4 gm/day; for relief of fever/mild pain INSTRUCTION: HOSPICE	OTC
Guaifenesin	100 mg/5 mL, PRN, Oral	REASON: Q4-6h prn, not to exceed 1.2 gm/day; for relief of cough INSTRUCTION: HOSPICE	OTC
Morphine Sulfate	10 mg, PRN, Oral	REASON: Q1h PRN; may use po/rectal/sublingual for relief of pain/breathlessness, titrate for comfort INSTRUCTION: HOSPICE; after comfort is attained, initiate sustained release product for comfort.	RX
Atropine Sulfate	1 %, PRN, Other	REASON: use 1-2 gts Q4-6 h prn po/bucal/sl for comfort/copious secretions INSTRUCTION: HOSPICE	RX

Employee Signature _____ Date _____

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PHYSICIAN: The following are Hospice Protocols authorized only for the above stated patient. Hospice Care will include the orders, as needed, unless otherwise specified by physician signature.

NAME	DOSE/FREQ/ROUTE	REASON/INSTRUCTIONS	R/O

R/O: R = Rx, O = OTC

PROCEDURE	FREQ/TIME	INSTRUCTIONS
Oxygen	PRN	1-6 lpm per nasal cannula or mask
Indwelling catheter (14-18 fr/5-30 cc balloon)	PRN	may irrigate prn w/ normal saline
*Patient or caregiver may administer all medications	PRN	per patient need
*May discontinue oral medications if patient unable to swallow	PRN	for comfort at end of life
*May use Hospice Standing Orders as listed	PRN	for comfort
*May titrate medications to promote patient's comfort	PRN	for comfort
*All services may be increased or decreased to meet patient's changing needs.	PRN	per patient need
Durable Medical Equipment as needed, including bed with full or half side rails	PRN	per patient need

Physician Information

Physician's Name and Address:	Physician's Signature:
	Date Signed:
Date Mailed to Physician: 05-29-2008	Date Signed Hospice Protocol is Received:

Employee Signature _____ Date _____

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