Rainy Lake MEDICAL CENTER
In association with SMDC Health System

COMFORT CARE PREPRINTED ORDERS

Original Date	04/2007	Revision Date	07/2009	Withdrawn Date	

Purpose: To improve the quality of life of patients when dealing with a terminal medical condition.

(Please complete check boxes for desired orders)

Intravenous:
- □ IV fluid: _____ Flow rate: _____
- □ Saline lock
- □ Morphine Sulfate 2 -10 mg IV q 1 hour prn pain/restlessness
- □ Lorazepam (Ativan) 0.5 mg IV q 2 hours PRN agitation

Transdermal:
- □ Fentanyl Patch _____ mcg/hr q 72 hours (Please choose another medication for break through pain

Rectal:
- □ Acetaminophen 650 mg rectal suppository q 4 h prn temperature > 101° F

Sub-lingual:
- □ Atropine 1% eye drops 2 drops sublingually q 3-4 hours prn terminal respiratory secretions
- □ Morphine Sulfate 15 mg sub-lingual q 2 hours prn pain/restlessness

Inhalation:
- □ Morphine Sulfate Injection 4 mg mixed with 3 ml sodium chloride neb q 4 h prn dyspnea or cough
- □ Increase the Morphine Sulfate for nebulizer by 2 mg increments every 4 hours (to a maximum of 10 mg) as necessary in order to achieve a positive patient response. A positive patient response is defined as the onset of a subjective improvement in SOB or pain within 10 – 15 minutes of the conclusion of the treatment. Orders to be written for each increase.

Opthalmic
- □ Artificial Tears instill 1 to 2 drops in the affected eye(s) prn dryness

Oral:
- □ Morphine Sulfate 10 mg Solution PO q 2 hours prn pain/restlessness

_____ ____/____/____ _____:_____
Physician Signature Date Time

PATIENT STICKER