



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 ☐ No Known Drug Allergies ☐ Yes, allergies Include:	
☐ 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/1.73m²)
- 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/DYSYPNEA (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)

- ☐ Glycopyrrrolate 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