SmartSet: UM ED EC3 END OF LIFE (ID:1600080013)

General Information
Display name: ED EC3 End of Life
Type: General
Merge priority: 
Version comment: 
Content source: 
Synonyms: 1. MCM
2. MCM END OF LIFE
3. MCM END
4. MCM EOL
5. ICU end of life
6. CCMU
7. palliative care
SmartSet notes: 
Description: Version Date: 26Jan16
Institute and document DNAR order in the medical record
Consider ordering UM IP PCA Initiate Adult Orderset
Web information: | Title | URL |
| --- | --- |
| 1. | |

Questionnaire: 

Configuration

General

Limits to Medical Interventions

- [ ] Limits to Medical Intervention
  {UM Medical Therapy Limits:22570}
  No pulse oximetry measurements.

Vitals PRN

- [x] Vital Signs - Temperature, Pulse, Respirations, Blood Pressure
  PRN

Code Status

- [x] DNAR (Do Not Attempt Resuscitation)
  Attending Consulted:
### Notify End of Life

- Notify Clinician for - Uncontrolled or increasing pain
- Notify Clinician for - Uncontrolled or increasing Anxiety/Agitation
- Notify Clinician for - Uncontrolled or increasing Respiratory Distress or Congestion
- Notify Clinician for - Escalating family distress

### Activity End of Life

- Activity - Bed rest
- Activity - Bed rest Position patient for comfort and discontinue routine turning

### Nursing

#### Nursing General

- Keep in place/maintain current IV
- Turn bedside monitor off

#### Nursing General Carts to Bedside

- Provide Equipment/Supplies to Bedside - Comfort Care Cart
- Provide Equipment/Supplies to Bedside - Food Cart

#### Nursing Assess

- Assess pain and comfort
- Assess family distress and comfort

### Urinary Catheter Management

#### Urinary Catheter Management

- Condom Catheter
  - Condom Catheter
  - Once, Starting S
  - Apply: Condom Catheter

- Intermittent Straight Catheter
  - PRN Reason:
    - Perform bladder scan PRN to assess the need for intermittent catheterization
    - Perform hand hygiene immediately before and after insertion.
    - Use sterile gloves, drape, sponges, an appropriate antiseptic or sterile solution for periurethral cleaning, and a single-use packet of lubricant jelly for insertion.

- Indwelling Urinary Catheter

*And* Linked Panel
Indwelling Urinary Catheter - Insert

Insert/Use: Indwelling Urinary Catheter (Foley)
Temperature sensing:
UNTIL DISCONTINUED, Starting S
Indication:
Discontinue Instructions: NURSING STAFF TO DISCONTINUE THE INDWELLING CATHETER WHEN PRIMARY INDICATIONS FOR INSERTION ARE RESOLVED
Temperature sensing:

Indwelling Urinary Catheter - Management

Once, Starting S
Insert/Use: Indwelling Urinary Catheter - Insert Ped
Temperature sensing:
UNTIL DISCONTINUED, Starting S
Indication:
Discontinue instructions: DO NOT DISCONTINUE THE INDWELLING CATHETER WITHOUT A (SEPARATE) PROVIDERS' ORDER

Indwelling Urinary Catheter (Coude Default)

Once, Starting S
Insert/Use: Indwelling Urinary Catheter (Coude)
Temperature sensing:
UNTIL DISCONTINUED, Starting S
Indication:
Discontinue Instructions: NURSING STAFF TO DISCONTINUE THE INDWELLING CATHETER WHEN PRIMARY INDICATIONS FOR INSERTION ARE RESOLVED
Temperature sensing:

Indwelling Urinary Catheter - Insert Ped

Once, Starting S
Temperature sensing:
UNTIL DISCONTINUED, Starting S
Indication:
Discontinue instructions: DO NOT DISCONTINUE THE INDWELLING CATHETER WITHOUT A (SEPARATE) PROVIDERS' ORDER

Present Upon Arrival / Admission - Indwelling Urinary Catheter Management

UNTIL DISCONTINUED, Starting S
Indication:
Discontinue Instructions: NURSING STAFF TO DISCONTINUE THE INDWELLING CATHETER WHEN PRIMARY INDICATIONS FOR INSERTION ARE RESOLVED
Temperature sensing:

Present Upon Arrival / Admission - Indwelling Urinary Catheter - Management Ped

UNTIL DISCONTINUED, Starting S
Indication:
Discontinue instructions: DO NOT DISCONTINUE THE INDWELLING CATHETER WITHOUT A (SEPARATE) PROVIDERS' ORDER
Temperature sensing:
Present Upon Arrival / Admission - Indwelling Urinary Catheter Management

Indwelling Urinary Catheter - Management Ped

"And" Linked Panel

UNTIL DISCONTINUED, Starting S

Indication:

Discontinue instructions: DO NOT DISCONTINUE THE INDWELLING CATHETER WITHOUT A (SEPARATE) PROVIDERS' ORDER

After Foley Catheter Discontinuation

Bladder Scan for Post Void Residuals

UNTIL DISCONTINUED, Starting S

For timed voids, OK to cease after 2 readings < 200 mL PRN

PRN Reason: For retained urine volume > 200 mL Details

Intermittent Straight Catheter

Notify Clinician for - Bladder scan result after Foley discontinuation

Details

Notify Clinician for - Retained urine volume > 200 mL per bladder scan after Foley discontinuation

Details

Notify Clinician for - No urine output within 6 hours of Foley D/C or repeat bladder scan

Details

Notify Clinician for - Suprapubic pain after Foley D/C

Details

Restraints

Pressure Ulcer Management

Diet

Diet Specify

☑ Diet Routine, Clinic Performed, Normal

Tube Feeding

Gi Tube Insert and Maintenance Orders

☑ Gi Tube Insert and XR "And" Linked Panel
All patients > 18 years old must have radiologic verification of tube placement after initial placement and before instillation of fluids, feedings or medications

UMHHC Policy 62-01-010

- Gi Tube Insert
- XR Abdomen Tube Placement
- Notify Clinician for - when abdominal xray post GI tube insert complete

Gi Tube Insert and XR Portable

"And" Linked Panel

- Gi Tube Insert
- XR Abdomen Tube Placement
- Notify Clinician for - when abdominal xray post GI tube insert complete

All patients > 18 years old must have radiologic verification of tube placement after initial placement and before instillation of fluids, feedings or medications

UMHHC Policy 62-01-010

- Gi Tube Insert
- XR Abdomen Tube Placement
- Notify Clinician for - when abdominal xray post GI tube insert complete

Gi Tube Insert and XR

All tubes intended for placement in the **small intestine** in patients <18 years old must have radiologic verification.

Radiologic verification is **highly recommended** for tubes intended to be placed **gastrically** in patients who are at high risk for aspiration or when non-radiologic verification methods are not feasible or results are unclear.

Pediatric patients at high risk for incorrect tube placement include patients who are obtunded, sedated, or those with reduced gag reflex, static encephalopathy, or anatomical abnormalities that could affect tube placement.

UMHHC Policy 62-01-010

- Gi Tube Insert
- XR Abdomen Tube Placement
- Notify Clinician for - when abdominal xray post GI tube insert complete

Gi Tube Insert
GI Tube Insert
Once, Starting S
Tube placement:
Tube type:
Confirm placement by non-radiologic verification measures as outlined in UMHHC Policy 62-01-010

GI Tube Maintenance
UNTIL DISCONTINUED, Starting S
Hook to:
Feed by:
Tube placement:
Tube type:

lidocaine

lidocaine 2% topical gel Nasal, ONCE, For 1 Doses

lidocaine (XYLOCAINE) 4 % topical solution (WITH ATOMIZER) ONCE, For 1 Doses

IV Fluids

IV fluid

sodium chloride 0.9 % flush 5 mL, Intravenous, PRN IV FLUSH, to maintain patency

sodium chloride 0.9 % IV 10 mL/hr, Intravenous, CONTINUOUS To Keep Open

Sleep Management

Pain Management

Nausea Management

Bowel Management

Medications
### Considerations

#### Dyspnea/Pain - Opioid Naive

- **morphine injection**: 1 mg, Intravenous, EVERY HOUR PRN, severe pain, dyspnea  
  May give every 20 minutes up to 3 doses, then every hour PRN

- **HYDROMorphone injection**: 0.2 mg, Intravenous, EVERY HOUR PRN, severe pain, dyspnea  
  May give every 30 minutes up to 2 doses, then every 1 hour PRN

#### Dyspnea/Pain - Opioid Tolerant

- **morphine injection**: Intravenous, EVERY HOUR PRN, severe pain, dyspnea  
  May give every 20 minutes up to 3 doses and then every 1 hour PRN. Starting dose should be approximately 10% of the patient's total daily opioid requirement at home. Use the link to the conversion table to convert from oral to IV dosing.

- **HYDROMorphone injection**: Intravenous, EVERY HOUR PRN, severe pain, dyspnea  
  Starting dose should be approximately 10% of the patient's total daily opioid requirement at home. Use the link to the conversion table to convert from oral to IV dosing.

#### Dyspnea/Pain - Infusions

- **morphine bolus + infusion panel**: 2-10 mg, Intravenous, EVERY 15 MIN PRN, Signs of discomfort/dyspnea  
  2-20 mg/hr, Intravenous, CONTINUOUS

- **fentanyl bolus and infusion**: "And" Linked Panel  
  Intravenous, EVERY 10 MIN PRN  
  Maximum 100 mcg for initial control  
  Intravenous, CONTINUOUS

- **hydromorphone bolus and infusion**: "And" Linked Panel  
  0.1-0.5 mg, Intravenous, EVERY 15 MIN PRN, for signs of discomfort/dyspnea  
  Intravenous, CONTINUOUS

- **Albuterol SVN (NMT) - 2.5 mg/3 mL (0.083%) inhalation solution**: "And" Linked Panel  
  2.5 mg, Nebulization, EVERY 4 HOURS PRN, for dyspnea

#### Anxiety/Agitation

- **LORazepam (ATIVAN) tablet**: 0.5 mg, Oral, ONCE PRN, anxiety
| Congestion |
|-----------|
| Glycopyrrrolate (CUVPOSAA) 0.2 mg/mL oral solution |
| Atropine 1% sublingual drops |
| Scopolamine (TRANSDERM-SCOP) 1.5 mg patch |
| Atropine 0.4 mg/mL injection |

**Fever**
- Acetaminophen (TYLENOL) tablet 325 mg, Oral, EVERY 4 HOURS PRN, fever
- Acetaminophen (TYLENOL) 160 mg/5 mL oral liquid 320 mg, Per NG Tube, EVERY 4 HOURS PRN, fever
- Acetaminophen (TYLENOL) 325 mg rectal suppository 325 mg, Rectal, EVERY 6 HOURS PRN, fever
- Ibuprofen (MOTRIN) tablet 400 mg, Oral, EVERY 6 HOURS PRN, fever
- Ibuprofen (CHILDREN'S MOTRIN) 100 mg/5 mL oral suspension 400 mg, Per NG Tube, EVERY 6 HOURS PRN, fever

**Nausea/vomiting**
- Ondansetron (ZOFRAN ODT) disintegrating tablet 4 mg, Oral, EVERY 6 HOURS PRN, nausea, vomiting
- Ondansetron (ZOFRAN) injection 4 mg, Intravenous, EVERY 6 HOURS PRN, nausea, vomiting
- Promethazine (PHENERGAN) injection - Adults (Single Response)
  Intravenous administration of promethazine injection can result in severe tissue damage. It is **restricted** in UH/CVC to refractory post-op or chemotherapy induced N/V.

| WEIGHT < 80 KG: promethazine (PHENERGAN) IVBP |
| WEIGHT ≥ 80 KG: promethazine (PHENERGAN) IVBP |

| Itching |
|--------|
| Diphenhydramine (BENADRYL) capsule 25 mg, Oral, ONCE PRN, itching |
| Diphenhydramine (BENADRYL) 12.5 mg/5 mL oral liquid 25 mg, Per NG Tube, ONCE PRN, itching |
| Hydroxyzine HCl tablet 25 mg, Oral, 3 TIMES DAILY |
| Medicine                                      | Dosage                                      |
|----------------------------------------------|---------------------------------------------|
| Hydroxyzine HCl 10 mg/5 mL syrup             | 25 mg, Per NG Tube, 3 TIMES DAILY           |
| **Cough**                                    |                                             |
| Dextromethorphan-guaiFenesin (ROBITUSSIN-DM) | 5 mL, Oral, EVERY 4 HOURS PRN, cough       |
| Lidocaine (XYLOCAINE) 4% topical solution     | 5 mL, Oral, EVERY 4 HOURS PRN, refractory cough |
| (WITH ATOMIZER)                               | With atomizer                               |
| **Hiccups**                                  |                                             |
| Baclofen tablet                              | 5 mg, Oral, EVERY 8 HOURS PRN, other, for hiccups |
| Haloperidol lactate (HALDOL) 5 mg/mL injection | Up to 20 mg every 8 hours                  |
| Haloperidol lactate (HALDOL) 5 mg/mL injection | 2 mg, Intravenous, ONCE PRN, for refractory hiccups |
| Diazepam injection syringe                   | 0.5 mg, Intravenous, 3 TIMES DAILY PRN, hiccups |
|                                              | 2 mg, Intravenous, EVERY 4 HOURS PRN, hiccups |
|                                              | Titrated to effect, MAX 40 mg/day           |

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### Preoperative Antibiotics

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### Flu & Pneumovax Vaccines

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### Blood Sugar Management

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### Labs

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### Imaging

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### Respiratory

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**Respiratory**

- Extubate Patient: Routine, Once (RT) For 1 Occurrences
- Oxygen UH/CVC: Routine, Clinic Performed, Normal
- Albuterol SVN (NMT) - 2.5 mg/3 mL (0.083%) inhalation solution: "And" Linked Panel
albuterol 2.5 mg/3 mL (0.083 %) inhalation solution 2.5 mg, Nebulization

UM IP RCS MECH VENT UH/CVC ED GI BLEED

☐ Mechanical Ventilator UH/CVC
  ☐ Noninvasive Mechanical Ventilation
    Indication for use (Will file to the problem list):
    Strategy:
    Ok to manage ventilator per Strategy Guidelines: yes
    Non - Invasive Type:
  ☐ Invasive Mechanical Ventilation
    Indication for use (Will file to the problem list):
    Strategy:
    Ok to manage ventilator per Strategy Guidelines: yes
    Invasive Mode/Type:
    Ventilator Liberation:

☐ ECMO Emergency Vent Settings
  Routine, Continuous (RT)
  Rate min:
  Mode:
  PEEP min (cm H2O):
  FiO2 min:
  Target tidal volume (mL):
  Inspiratory pressure min (above PEEP) (cmH2O):
  Inspiratory time (sec):

☐ ECMO Rest Vent Settings
  Routine, Continuous (RT)
  FiO2:
  Mode:
  Rate:
  IP/VT:
  PEEP:
  INSP Time:

☐ End Tidal CO2
  Routine, Until Discontinued (RT)
  Choose frequency:
  If spot check, specify spot check frequency:

Oxygen Management

Procedures

Diagnostic Tests / Studies

Consults and Referrals

Consults
| Consult to Palliative Care Service | Routine  
|                                | Reason for Consult:  
|                                | Attending approval for Consult:  
|                                | Discussed with:  
|                                | Was this consult ordered based on the patient's LACE score?  
|                                | Routine consults occur Monday through Friday 8 AM to 5 PM. Emergency consults by phone available are 24/7. For all consults, page #2219 in addition to placing the order.  
|                                | Routine  
|                                | Reason for Consult: Others (see comments; please be specific)  
|                                | Consult Requested For: ICU End of Life Orders UH  
|                                | Discussed with:  
|                                | FOR ADULT/PED/OB SOCIAL WORK, PLEASE ORDER THIS CONSULT  
|                                | FOR CHILD ABUSE, PLEASE ORDER 'CONSULT TO CHILD PROTECTION TEAM'  
|                                | FOR STAT SW CONSULTS MON-FRI 8:00a-4:30p PLEASE PAGE #9573  
|                                | FOR STAT SW CONSULTS OUTSIDE THESE HOURS:  
|                                | - Adult ED Social worker for all UH/CVC patients: pager #3365  
|                                | - Pediatric ED Social Worker for all Mott/OB patients: pager #35305  
|                                | Weekend/After Hours Social Work Information:  
|                                | - For Saturday & Sunday: Mott/Brandon/OB, 11:00a - 4:30p pager #5716  
|                                | - For Saturday & Sunday: UH/CVC 8:00a - 6:30p, pager #31421  
|                                | Consults that cannot wait outside these hours:  
|                                | - Adult ED Social Worker (#3365)  
|                                | - Pediatric ED Social Worker (#35305)  
|                                | STAT  
|                                | Faith group/Spirituality:  
|                                | Special instructions:  
|                                | Once, Starting S  

Criteria

Suggestions:

Filter:

Restrict SmartSet:    

Settings

Discontinue action:
Deselect sections for Pended/Held orders:

Pended/Held orders display:

Release date: Use System Definitions Setting

Disallow user override: