

ORDER SET
Care of Actively Dying Patient with Known or Suspected COVID-19

– Adult, Not receiving intubation

(Version 1. 2020Apr21)

Patient: _____ Allergies: _____
Items preceded by a **bullet** (•) are active orders. Items preceded by a **checkbox** (☐) are only to be carried out if checked.

1. Patient Must Meet All Criteria:

- **Known or suspected COVID-19 positive and not a candidate for intubation or CPR**
- Bed bound AND taking minimal oral nutrition (Palliative Performance Scale (PPS) 30 % or less)
- Showing rapid respiratory decompensation with death anticipated within hours to days (**review daily**)

2. Goals of Care / Prognosis

- Prescriber to update discussion about goals of care, diagnosis and **possible VERY short prognosis** with patient, substitute decision maker (SDM) and /or family. Inform that medications used appropriately to manage symptoms will cause drowsiness.

3. General Care Orders

- Oxygen not to exceed 5 L/min (likely ineffectual and risk of aerosolizing virus)
- ☐ Discontinue routine vital signs, weights, glucometer, diagnostic testing, oximetry and blood work
- ☐ Discontinue IV fluids – may cause edema and secretion build-up in lungs, but maintain IV site for medication use.
- ☐ Insert Foley catheter as required for comfort
- ☐ **Review all current medication orders. Discontinue any that do not meet goals of care.**
- ☐ Insert subcutaneous catheter(s) for medication administration
- ☐ Diet: _____

4. Medications

When to Discontinue Oral Medication:

- If patient can no longer swallow, discontinue oral medications. Some may be converted to another route.
- If unsure which medications to discontinue, consult Palliative Care.

Eye and Mouth Care

- **Eye Care:** artificial tears q1h prn
- **Mouth Care:** water or club soda qid and prn with oral sponge

Fever

- ☐ Acetaminophen 650 mg po/pr q4h prn (Maximum 4 g / 24 h)

Nausea / Vomiting

- ☐ Haloperidol 0.5–1 mg subcut q1h prn – call prescriber if more than 2.5 mg / 24 h required from all sources

Anxiety

- ☐ Midazolam 0.5–1 mg subcut q1h prn – call prescriber if ineffective after 3 hours

Bowel Care

- ☐ Polyethylene glycol 3350 17 g po daily
- ☐ Sennosides 8.6–17.2 mg po hs

Upper Respiratory Secretions and Congestions

- Educate family that this is part of dying process in unresponsive patients, not a source of distress to the dying patient and often does not require medication treatment. If needed,
- ☐ Glycopyrrolate 0.4 mg subcut q2h prn (Maximum 2.4 mg / 24 h)

Lower Respiratory Congestions

- ☐ Furosemide 20 mg subcut/IV q6h prn

Cough (select only one)

- ☐ HYDROmorphine 0.25–0.5 mg subcut/IV q15min prn – if not previously on any opioids
- ☐ If already on scheduled and / or prn opioid, use current breakthrough dose for cough

Prescriber's Signature: _____ Date (YYYY/MON/DD): _____ Time: _____

Prescriber's Name: _____ Print Reg. No.: _____



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Restlessness / Agitation (Delirium) (select one only)

- Haloperidol 0.5–1 mg subcut q1h prn (less sedating) – call prescriber if more than 2.5 mg / 24 h required from all sources **OR**
- Methotrimeprazine 6.25–12.5 mg subcut q4h prn (more sedating) – call prescriber if more than 25 mg / 24 h required

Dyspnea / Pain – Moderate to Severe (select one option only)

- Patient rating shortness of breath (SOB) 6–9/10 and / or pain 6–10/10
- Evidence of increased work of breathing (Tachypnea, laboured breathing, tripod position, using accessory muscles to breathe, etc.)
- Position patient sitting as upright as possible. Do not use fans or open windows.
- Option A: If not previously on any opioids:**
 - HYDROmorphone 0.5–1 mg subcut/IV q4h
 - HYDROmorphone 0.25–0.5 mg subcut/IV q15min prn
- Option B: If already on scheduled and / or prn opioid:**
 - Discontinue all previous opioid orders.
 - (Opioid name / dose) _____ mg subcut/IV q4h
 - Opioid (use same) name / dose) _____ mg subcut/IV q15min prn (10–20 % parenteral TDD)

Calculate opioid total daily dose (TDD); then increase by 30 % and divide by 6 for the q4h dose
 Change all po routes to subcut/IV. Divide po opioid dose by 2 to get equivalent parenteral dose.
 (e.g. HYDROmorphone 10 mg po to 5 mg subcut/IV)

Crisis Respiratory Failure

- Patient rating SOB 10/10. Patient is imminently dying.
- Rapid and severe worsening of respiratory status (O₂ sat drop) over short hours along with overall decline.

- Step 1:**
- **Call prescriber to inform of crisis respiratory failure AND**
 - Double dose of current prn opioid and administer q15min until symptom relief
 - If dyspnea improves, continue this as prn dose **OR**
 - If after three prn doses dyspnea remains severe, continue opioid q15min prn **AND** add step 2
- Step 2:**
- **Call prescriber to inform of progression**
 - Midazolam 5 mg subcut/IV STAT and q10min prn
 - If after midazolam 10 mg, dyspnea / agitation persist, continue midazolam prn **AND** proceed to step 3
- Step 3:**
- **Call prescriber to inform of progression**
 - Methotrimeprazine 25–50 mg subcut/IV STAT and q30min prn **AND** proceed to step 4 (Note: methotrimeprazine takes time to reach effect, but provides longer-lasting relief)
- Step 4:**
- **If patient remains in distress after four methotrimeprazine 50 mg doses, continue above prn medications and prescriber to contact Palliative Care to discuss.**

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