

# Hospice Referral Order Set

Patient Name: \_\_\_\_\_ OHC: \_\_\_\_\_ DOB: \_\_\_\_\_

Accepting Provider: \_\_\_\_\_ Allergies: \_\_\_\_\_

- Transfer to hospice     
  Do Not Resuscitate     
  Transfer to hospice if patient dies en-route  
 Nurse to pronounce     
  Foley (size \_\_\_\_)  
 Administer comfort medications before transfer     
  O<sub>2</sub> at \_\_\_\_ LPM via nasal prongs  
 Symptom Response Kit (SRK) to be ordered     
  Insert subcutaneous locks as needed  
 SRK coming from home  
 Other: \_\_\_\_\_

**\*\*\*Please do not request more than 48 hours worth of pre-filled syringes at one time to decrease wastage\*\*\***

Symptom	✓	Medication	Order	Route	Dispense	Initials
Pain &/or Dyspnea		Morphine <b>15mg/ml</b>	give ____mg q ____ h	subcut		
		HYDROMORPHONE <b>2mg/ml</b>	give ____mg q ____ h	subcut		
Nausea		Metoclopramide <b>10mg/2ml</b>	give ____mg q ____ h	subcut		
Anxiety, Delirium, or Agitation		Methotrimeprazine <b>25mg/ml</b>	give ____mg q ____ h	subcut		
		Haloperidol <b>5mg/ml</b>	give ____mg q ____ h	subcut		
		Midazolam <b>5mg/ml</b>	give ____mg q ____ h	subcut		
Secretions		Scopolamine <b>0.4mg/ml</b>	give ____mg q ____ h	subcut		

\_\_\_\_\_  
Prescriber Name (please print)

\_\_\_\_\_  
Prescriber Signature

\_\_\_\_\_  
CPSO/CNO #

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Date Ordered

**Please Deliver all Medications to:**

The Bridge Hospice - 137 Old Hastings Road, Warkworth, ON, K0K 3K0  
Phone: (705) 924-9222 Fax: (705) 924-9916