

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 O₂ at ____ LPM via nasal prongs
 Symptom Response Kit (SRK) to be ordered Insert subcutaneous locks as needed
 Bowel Protocol, PRN SRK coming from home
 Other: _____

*****Please do not request more than 48 - 72 hours worth of medication at one time to decrease wastage*****

Symptom	✓	Medication	Order	Route	Dispense	Initials
Pain &/or Dyspnea	<input type="checkbox"/>	Morphine 15mg/ml				
	<input type="checkbox"/>	HYDROMORPHONE 2mg/ml				
	<input type="checkbox"/>					
Nausea	<input type="checkbox"/>	Metoclopramide 10mg/2ml				
	<input type="checkbox"/>					
Anxiety, Delirium, or Agitation	<input type="checkbox"/>	Methotrimeprazine 25mg/ml				
	<input type="checkbox"/>	Haloperidol 5mg/ml				
	<input type="checkbox"/>	Midazolam 5mg/ml				
	<input type="checkbox"/>					
Secretions	<input type="checkbox"/>	Scopolamine 0.4mg/ml				

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