



Site: _____

DOCTOR'S ORDERS

MUST BE FILLED IN ON THE FIRST PAGE OF CHART

Diagnosis: _____

Allergies (IF NONE, INDICATE THIS): _____

Comfort Care Orders for Patients who have Discontinued Dialysis

Cross out orders not indicated (initial), place (√) in boxes as appropriate

Date: _____

Time: _____

1. Discontinue dialysis.

- Goals of care discussed with patient/family and documented in medical record.
- DNR order is completed/updated in Greensleeve.
- RN may pronounce death. Notify MD within 24 hours
- Discontinue IV
- Insert SC access device (e.g. butterfly catheter) as necessary
- Discontinue enteral and parenteral nutrition if applicable
- Diet as tolerated (encourage reasonable fluid restriction to prevent fluid overload).
- Discontinue: regular vital signs, glucometers, oximeters, all blood and diagnostic tests
- Discontinue the following unnecessary medications: _____

2. Drug therapy for the treatment of Pain and/or dyspnea:

Discontinue any opioids previously ordered.

- i. Regular Opioid: _____
- ii. Breakthrough or PRN Opioid: _____
- iii. Coanalgesics: _____

Ensure that a parenteral route of administration (e.g. SC) is ordered. Avoid morphine/meperidine.

3. Other symptoms

Nausea/Vomiting: **Haloperidol** 0.5mg PO, SL (drops) or SC q 8h PRN
 Dimenhydrinate 25-50mg PO, SC or PR q4h PRN

Restlessness: **Methotrimeprazine** 6.25-25mg PO or SC q2h PRN
 Midazolam 2.5mg SC q1h PRN

Respiratory Congestion/secretions: **Glycopyrrolate** 0.2 mg sc q1h PRN

4. Crisis Event (e.g. severe pain or dyspnea >7/10, hemorrhage).

Consider a 50% increase in the usual PRN doses of:

- i. Opioid _____ mg SC q 20mins PRN X ____ doses.
- ii. Anxiolytic _____ mg SC q 20mins PRN X ____ doses.

Prescribers Signature

Prescribers Printed Name

Rev. mmmm-dd-yy