

Henry Ford Health System Intensive Care Units: **Comfort Measures Order Set**

Code Status:

- Do not attempt resuscitation (DNAR) form signed and in chart.
- Verify that Gift of Life Michigan has evaluated patient for organ donation before withdrawal at 1-800-482-4881

Transfer:

For many patients who are stable enough to leave the ICU, transfer of care to the hospice team is appropriate. Consider hospice consult.

- Transfer patient to a private General Practice Unit (GPU) bed.
Specify: any GPU floor or transfer to _____

Discontinue:

- Discontinue all blood draws and blood glucose by meter readings
- Discontinue all previously ordered diagnostic imaging tests
- Discontinue physical therapy, speech therapy, and occupational therapy

Discontinue Medications:

- Discontinue all previous medication orders
- Prior to extubation discontinue neuromuscular blocking agents until return of neuromuscular function
- Discontinue vasopressors

Symptom Management Medications:

- Haldol 1 mg IV every 4 hours as needed for nausea
- Glycopyrolate 0.4 mg IV every 6 hours for secretions

FOR PATIENTS NOT ALREADY RECEIVING CONTINUOUS SEDATION AND PAIN REGIMEN:

Pain : for hydromorphone administration link PCA order set to this (choose hydromorphone 2mg/ml concentration)

- Hydromorphone Regimen (Consider for patient in renal failure to avoid metabolite build up with morphine and/or patients likely to transition to hospice service)
 - Hydromorphone _____mg IV push times one prior to extubation (typical 0.5 -2 mg but higher doses may be needed for opioid tolerant patients)
 - Hydromorphone drip 2 mg/ mL D5W IV infusion via PCA pump at _____mg/hour (typically 0.25-1mg/hr, but higher starting doses may be needed for opioid tolerant patients)
 - Hydromorphone _____mg bolus via PCA pump q10 minutes PRN pain or dyspnea (typically 0.5-2 mg but higher doses may be needed for opioid tolerant patients)
- Morphine Regimen
 - Morphine _____mg IV push times one prior to extubation (typical 2-10 mg but higher doses may be needed for opioid tolerant patients)
 - Morphine drip 1 mg/ mL D5W (100ml bag) IV infusion at _____mg/hour (typically 1-5 mg/hr, but higher starting doses may be needed for opioid tolerant patients)

- Morphine _____mg IV push q10 minutes PRN pain or dyspnea (typically 2-10 mg but higher doses may be needed for opioid tolerant patients)

Agitation :

- Lorazepam _____ mg IV push every 2 hours as needed for anxiety or agitation (typically 1-2mg, but higher doses may be needed for some patients)

FOR PATIENTS ALREADY RECEIVING CONTINUOUS SEDATION AND PAIN REGIMEN

Pain :

- Continue fentanyl drip at ____mcg/hr (if patient is comfortable)

OR

- Change fentanyl drip to ____mcg/hr

- Fentanyl ____mcg IV push once prior to extubation (usually double the rate of the hourly continuous infusion dose – e.g. for a patient on fentanyl 100mcg/hr give a bolus dose of 200mcg)

- Fentanyl ____mcg IV push every 10 minutes PRN pain or dyspnea (usually double the rate of the hourly continuous infusion dose – e.g. for a patient on fentanyl 100mcg/hr the PRN dose would be 200mcg)

Agitation :

- Continue Midazolam drip at ____mg/hr (if patient is comfortable)

OR

- Change Midazolam drip to ____mg/hr

- Midazolam ____mg every 2 hours as needed for anxiety or agitation

Life Sustaining Therapies (if applicable):

Ventilator :

- Respiratory therapy (RT) to extubate patient (neuromuscular blockade must be off with return of neuromuscular function)
- Respiratory therapy (RT) to disconnect ventilator from tracheostomy tube
- Continue vent support (only if remaining in the ICU)

Write settings: _____

- Oxygen support for patient comfort at (specify) _____

Enteral/Parental Nutrition:

- Discontinue tube feedings
- Continue current tube feeding: _____ at _____ mL/hour
- Discontinue Total Parenteral Nutrition (TPN)/Lipids
- Continue Total Parenteral Nutrition (TPN)/Lipids at current rates

Dialysis:

- Discontinue all forms of dialysis

Cardiac (if applicable):

- For patients with an Internal Cardiac Defibrillator (ICD), please contact Electrophysiology /Cardiology to discontinue ICD therapy. Alternatively, identify brand of device and call company representative for assistance.

Nursing Care:

- Vital signs every 8 hours or as indicated _____
- Nursing assessment every 8 hours
- Wound Care (if applicable). Dressing change every _____ hours
- Instructions: _____
- Discontinue sequential compression device (SCD) boots

Consult:

- Referral to Hospice
- Referral to Palliative Medicine
- Referral to Pastoral Care