



fraserhealth

Regional Order Set for Actively Dying Protocol: Acute Care Addendum COVID-19 CRISIS ORDERS



Form ID: DRDO107340A

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DRUG & FOOD ALLERGIES

- **Mandatory** **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

MUST BE ACCOMPANIED BY COMPLETED ACTIVELY DYING PROTOCOL

- Patient meets all the criteria on Fraser Health Actively Dying Protocol AND:
 - Is COVID positive or presumed positive and is not a candidate for Critical Care.
 - Is showing signs of rapid respiratory decompensation with no reversibility
 - MRP MUST discuss diagnosis and likely VERY short prognosis with patient or Substitute Decision Maker
 - MRP MUST update MOST- goals must be in alignment with DNR M1 or M2
 - Oxygen for comfort: Low-flow O₂ 1-6 LPM on nasal prongs, or up to 15 LPM on a non-rebreather mask (not considered an aerosol generating procedure)

Symptoms	Physician's Orders
<p>SEVERE DYSPNEA</p> <p>Patient rating SOB 6 to 8/10</p> <p>Evidence of increased work of breathing (tachypnea, labored breathing, tripod position, using accessory muscles to breathe, etc.)</p>	<ul style="list-style-type: none"> • Discontinue ALL previous opioid orders • Position patient sitting as upright as possible. Do not use fans, nebulizers or open windows • Select ONE of the following: <ul style="list-style-type: none"> <input type="checkbox"/> If patient not previously on ANY opioids, start: <ul style="list-style-type: none"> • HYDROmorphone 0.5 mg IV/subcutaneous Q4H regularly • HYDROmorphone 0.25 mg IV/subcutaneous Q15MIN PRN • Titrate HYDROmorphone to 1 mg IV/subcutaneous Q4H regularly and 0.5 mg subcutaneous/IV Q15 MIN PRN if patient requires 3 breakthrough doses in a 24 hour period or is still symptomatic after 3 regular doses *OR* <ul style="list-style-type: none"> <input type="checkbox"/> If patient already on scheduled and/or PRN opioid <ul style="list-style-type: none"> • Convert current opioid to HYDROmorphone subcutaneous/IV Q4H regularly with Q15MIN PRN (see back for more information or contact pharmacist) • HYDROmorphone _____ mg IV/subcutaneous Q4H regularly • HYDROmorphone _____ mg IV/subcutaneous Q15MIN PRN • Titrate HYDROmorphone as per instructions on back if patient requires 3 breakthrough doses in a 24 hour period or is still symptomatic after 3 regular doses
<p>CRISIS RESPIRATORY FAILURE</p> <p>Patient rating SOB 8 to 10/10</p> <p>Rapid and severe worsening of respiratory status (oxygen saturation drops) over short hours along with overall decline</p> <p>Patient is imminently dying</p>	<p>Step 1:</p> <ul style="list-style-type: none"> • Call MRP to inform of Crisis Respiratory Failure • Double the dose of current PRN HYDROmorphone order and give Q15MIN until symptom relief • If dyspnea improves, continue at this dose Q15MIN PRN • If after 3 PRN doses dyspnea remains severe, continue providing opioid Q15MIN PRN and add step 2 <p>Step 2:</p> <ul style="list-style-type: none"> • midazolam 5 mg IV/subcutaneous Q15MIN PRN. Call MRP to inform of progression. • If MD present, may give midazolam 5 mg IV Q5MIN to effect • If after 10 mg of midazolam, dyspnea/agitation persists, continue midazolam Q5MIN PRN and go to step 3 <p>Step 3:</p> <ul style="list-style-type: none"> • Stop all previous methotrimeprazine orders • methotrimeprazine 12.5 mg IV/subcutaneous Q30MIN PRN, 1st dose STAT. • Call MRP to inform of progression and go to step 4 <p>Note: methotrimeprazine takes time to reach effect but will provide longer-lasting relief</p> <p>Step 4:</p> <ul style="list-style-type: none"> • If patient remains in distress, continue providing all above PRNs • MRP encouraged to call Fraser Health Palliative Physician for further recommendations

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name and College ID#
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Converting to IV/subcutaneous HYDROmorphine for Opioid -Experienced patients

A. If patient is using only HYDROmorphine:

1. Divide any PO HYDROmorphine dose by 2 to obtain equivalent IV/subcutaneous dose (e.g. HYDROmorphine 10 mg PO is 5 mg IV/subcutaneous)
2. Add the total HYDROmorphine IV/subcutaneous doses used in the previous 24 hours (scheduled plus PRN) to get the total daily dose (TDD)
3. If pain or dyspnea not currently managed, increase the TDD by 30%
4. Divide the HYDROmorphine IV/subcutaneous TDD by 6 for the Q4H regular dose
5. Calculate new HYDROmorphine IV/subcutaneous PRN dose (recommend 10% of TDD)

B. If the patient is using opioids other than HYDROmorphine

1. Convert all opioids to HYDROmorphine IV/subcutaneous (conversion table available on second page of Actively Dying PPO, please contact pharmacist if more assistance needed)
2. Add the total HYDROmorphine IV/subcutaneous doses used in the previous 24 hours (scheduled plus PRN) to get the total daily dose TDD)
3. Divide the HYDROmorphine IV/subcutaneous TDD by 6 for the Q4H regular dose
4. Calculate new HYDROmorphine IV/subcutaneous PRN dose (recommend 10% of TDD)

Titration HYDROmorphine

If patient already on scheduled and PRN HYDROmorphine IV/Subcutaneous and

- Required 3 PRN doses in 24 hours or
- Remains symptomatic after 3 scheduled opioid doses

1. Add the total HYDROmorphine IV/subcutaneous doses used in the previous 24 hours (scheduled plus PRN) to get the total daily dose (TDD)
2. Increase the TDD by 30%
3. Divide the HYDROmorphine IV/subcutaneous TDD by 6 for the Q4H regular dose
4. Calculate new HYDROmorphine IV/subcutaneous PRN dose (recommend 10% of TDD)

OPIOID	oxyCODONE	morphine	HYDROmorphine
Relative potency:	1.5x stronger than morphine	Subcutaneous 2x stronger than oral dosing	5x stronger than morphine