

## SmartSet: UM ED EC3 END OF LIFE (ID:1600080013)

## General Information

**Display name:** ED EC3 End of Life

**Type:** General

**Merge priority:**

**Version comment:**

**Content source:**

**Synonyms:**

1. MCM
2. MCM END OF LIFE
3. MCM END
4. MCM EOL
5. ICU end of life
6. CCMU
7. palliative care

**SmartSet notes:**

**Description:** Version Date: 26Jan16  
 Institute and document DNAR order in the medical record  
  
 Consider ordering UM IP PCA Initiate Adult Orderset

**Web information:**

	Title	URL
1.		

**Questionnaire:**

## Configuration

## General

Limits to Medical Interventions

Limits to Medical Intervention {UM Medical Therapy Limits:22570}  
 No pulse oximetry measurements.

Vitals PRN

Vital Signs - Temperature, Pulse, Respirations, PRN  
 Blood Pressure

Code Status

DNAR (Do Not Attempt Resuscitation) Attending Consulted:

**Notify End of Life**

- |  |         |
|--|---------|
| <input checked="" type="checkbox"/> Notify Clinician for - Uncontrolled or increasing pain                               | Details |
| <input checked="" type="checkbox"/> Notify Clinician for - Uncontrolled or increasing Anxiety/Agitation                  | Details |
| <input checked="" type="checkbox"/> Notify Clinician for - Uncontrolled or increasing Respiratory Distress or Congestion | Details |
| <input checked="" type="checkbox"/> Notify Clinician for - Escalating family distress                                    | Details |

**Activity End of Life**

- |   |  |
|---|--|
| <input type="checkbox"/> Activity - Bed rest  | UNTIL DISCONTINUED, Starting S   |
| <input type="checkbox"/> Activity - Bed rest Position patient for comfort and discontinue routine turning | UNTIL DISCONTINUED, Starting S<br>Position patient for comfort and discontinue routine turning |

**Nursing****Nursing General**

- |  |         |
|--|---------|
| <input type="checkbox"/> Keep in place/maintain current IV | Details |
| <input type="checkbox"/> Turn bedside monitor off          | Details |

**Nursing General Carts to Bedside**

- |  |   |
|--|---|
| <input type="checkbox"/> Provide Equipment/Supplies to Bedside - Comfort Care Cart | Details                                   |
| <input type="checkbox"/> Provide Equipment/Supplies to Bedside - Food Cart         | This is to be ordered from the cafeteria. |

**Nursing Assess**

- |  |     |
|--|-----|
| <input checked="" type="checkbox"/> Assess pain and comfort            | PRN |
| <input checked="" type="checkbox"/> Assess family distress and comfort | PRN |

**Urinary Catheter Management****Urinary Catheter Management**

- |   |   |
|---|---|
| <input type="checkbox"/> Condom Catheter                |   |
| <input type="checkbox"/> Condom Catheter                | Once, Starting S<br>Apply: Condom Catheter  |
| <input type="checkbox"/> Intermittent Straight Catheter | PRN Reason:<br>Perform bladder scan PRN to assess the need for intermittent catheterization<br><br>Perform hand hygiene immediately before and after insertion.<br>Use sterile gloves, drape, sponges, an appropriate antiseptic or sterile solution for periurethral cleaning, and a single-use packet of lubricant jelly for insertion. |
| <input type="checkbox"/> Indwelling Urinary Catheter    | <b>"And" Linked Panel</b>   |

<input type="checkbox"/> Indwelling Urinary Catheter - Insert  <input type="checkbox"/> Indwelling Urinary Catheter - Management	Once Insert/Use: Indwelling Urinary Catheter (Foley) Temperature sensing: UNTIL DISCONTINUED, Starting S Indication: Discontinue Instructions: NURSING STAFF TO DISCONTINUE THE INDWELLING CATHETER WHEN PRIMARY INDICATIONS FOR INSERTION ARE RESOLVED Temperature sensing:
<input type="checkbox"/> Indwelling Urinary Catheter <input type="checkbox"/> Indwelling Urinary Catheter - Insert Ped <input type="checkbox"/> Indwelling Urinary Catheter - Management Ped	<p style="text-align: center;"><b>"And" Linked Panel</b></p> Once, Starting S Temperature sensing: UNTIL DISCONTINUED, Starting S Indication: Discontinue instructions: DO NOT DISCONTINUE THE INDWELLING CATHETER WITHOUT A (SEPARATE) PROVIDERS' ORDER
<input type="checkbox"/> Indwelling Urinary Catheter (Coude Default) <input type="checkbox"/> Indwelling Urinary Catheter - Insert  <input type="checkbox"/> Indwelling Urinary Catheter - Management	<p style="text-align: center;"><b>"And" Linked Panel</b></p> Once Insert/Use: Indwelling Urinary Catheter (Coude) Temperature sensing: UNTIL DISCONTINUED, Starting S Indication: Discontinue Instructions: NURSING STAFF TO DISCONTINUE THE INDWELLING CATHETER WHEN PRIMARY INDICATIONS FOR INSERTION ARE RESOLVED Temperature sensing:
<input type="checkbox"/> Indwelling Urinary Catheter <input type="checkbox"/> Indwelling Urinary Catheter - Insert Ped <input type="checkbox"/> Indwelling Urinary Catheter - Management Ped	<p style="text-align: center;"><b>"And" Linked Panel</b></p> Once, Starting S Temperature sensing: UNTIL DISCONTINUED, Starting S Indication: Discontinue instructions: DO NOT DISCONTINUE THE INDWELLING CATHETER WITHOUT A (SEPARATE) PROVIDERS' ORDER Temperature sensing:
<input type="checkbox"/> Present Upon Arrival / Admission - Indwelling Urinary Catheter Management <input type="checkbox"/> Indwelling Urinary Catheter - Management	<p style="text-align: center;"><b>"And" Linked Panel</b></p> UNTIL DISCONTINUED, Starting S Indication: Discontinue Instructions: NURSING STAFF TO DISCONTINUE THE INDWELLING CATHETER WHEN PRIMARY INDICATIONS FOR INSERTION ARE RESOLVED Temperature sensing:
<input type="checkbox"/> Present Upon Arrival / Admission - Indwelling Urinary Catheter Management <input type="checkbox"/> Indwelling Urinary Catheter - Management Ped	<p style="text-align: center;"><b>"And" Linked Panel</b></p> UNTIL DISCONTINUED, Starting S Indication: Discontinue instructions: DO NOT DISCONTINUE THE INDWELLING CATHETER WITHOUT A (SEPARATE) PROVIDERS' ORDER Temperature sensing:

Present Upon Arrival / Admission - Indwelling Urinary Catheter Management

**"And" Linked Panel**

Indwelling Urinary Catheter - Management Ped

UNTIL DISCONTINUED, Starting S  
 Indication:  
 Discontinue instructions: DO NOT DISCONTINUE THE INDWELLING CATHETER WITHOUT A (SEPARATE) PROVIDERS' ORDER

After Foley Catheter Discontinuation

Bladder Scan for Post Void Residuals

UNTIL DISCONTINUED, Starting S  
 For timed voids, OK to cease after 2 readings < 200 mL  
 PRN  
 PRN Reason: For retained urine volume > 200 mL

Intermittent Straight Catheter

Details

Notify Clinician for - Bladder scan result after Foley discontinuation

Details

Notify Clinician For - Retained urine volume > 200 mL per bladder scan after Foley discontinuation

Details

Notify Clinician for - No urine output within 6 hours of Foley D/C or repeat bladder scan

Details

Notify Clinician for - Suprapubic pain after Foley D/C

Details

**Restraints**

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**Pressure Ulcer Management**

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**Diet**

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Diet Specifiy

Diet

Routine, Clinic Performed, Normal

**Tube Feeding**

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GI Tube Insert and Maintenance Orders

GI Tube Insert and XR

**"And" Linked Panel**

**All** patients > 18 years old must have radiologic verification of tube placement after initial placement and before instillation of fluids, feedings or medications

UMHHC Policy 62-01-010

- |   |   |
|---|---|
| <input type="checkbox"/> GI Tube Insert   | Once, Starting S<br>Tube placement:<br>Tube type: |
| <input type="checkbox"/> XR Abdomen Tube Placement<br>Conditional                                   | Routine   |
| <input type="checkbox"/> Notify Clinician for - when abdominal<br>xray post GI tube insert complete | Details   |

GI Tube Insert and XR Portable **"And" Linked Panel**

**All** patients > 18 years old must have radiologic verification of tube placement after initial placement and before instillation of fluids, feedings or medications

UMHHC Policy 62-01-010

- |   |   |
|---|---|
| <input type="checkbox"/> GI Tube Insert   | Once, Starting S<br>Tube placement:<br>Tube type:     |
| <input type="checkbox"/> XR Abdomen Tube Placement<br>Portable                                      | Routine, CONDITIONAL X1, Starting S For 1 Occurrences |
| <input type="checkbox"/> Notify Clinician for - when abdominal<br>xray post GI tube insert complete | Details   |

GI Tube Insert and XR

**All** tubes intended for placement in the small intestine in patients <18 years old **must** have radiologic verification

Radiologic verification is **highly recommended** for tubes intended to be placed gastrically in patients who are at high risk for aspiration or when non-radiologic verification methods are not feasible or results are unclear

Pediatric patients at high risk for incorrect tube placement include patients who are obtunded, sedated, or those with reduced gag reflex, static encephalopathy, or anatomical abnormalities that could affect tube placement

UMHHC Policy 62-01-010

- |   |   |
|---|---|
| <input type="checkbox"/> GI Tube Insert   | Once, Starting S<br>Tube placement:<br>Tube type: |
| <input type="checkbox"/> XR Abdomen Tube Placement<br>Conditional                                   | Routine   |
| <input type="checkbox"/> Notify Clinician for - when abdominal<br>xray post GI tube insert complete | Details   |

GI Tube Insert

GI Tube Insert

Once, Starting S  
Tube placement:  
Tube type:  
Confirm placement by non-radiologic verification measures as outlined in UMHHC Policy 62-01-010

GI Tube Maintenance

UNTIL DISCONTINUED, Starting S  
Hook to:  
Feed by:  
Tube placement:  
Tube type:

lidocaine

lidocaine 2% topical gel

Nasal, ONCE, For 1 Doses

lidocaine (XYLOCAINE) 4 % topical solution (WITH ATOMIZER)

ONCE, For 1 Doses

**IV Fluids**

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**IV fluid**

sodium chloride 0.9 % flush

5 mL, Intravenous, PRN IV FLUSH, to maintain patency

sodium chloride 0.9 % IV

10 mL/hr, Intravenous, CONTINUOUS To Keep Open

**Sleep Management**

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**Pain Management**

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**Nausea Management**

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**Bowel Management**

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**Medications**

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**Considerations****Dyspnea/Pain - Opioid Naive**

<input type="checkbox"/> morphine injection	1 mg, Intravenous, EVERY HOUR PRN, severe pain, dyspnea May give every 20 minutes up to 3 doses, then every hour PRN
<input type="checkbox"/> HYDROmorphine injection	0.2 mg, Intravenous, EVERY HOUR PRN, severe pain, dyspnea May give every 30 minutes up to 2 doses, then every 1 hour PRN

**Dyspnea/Pain - Opioid Tolerant**

<input type="checkbox"/> morphine injection	Intravenous, EVERY HOUR PRN, severe pain, dyspnea May give every 20 minutes up to 3 doses and then every 1 hour PRN. Starting dose should be approximately 10% of the patient's total daily opioid requirement at home. Use the link to the conversion table to convert from oral to IV dosing.
<input type="checkbox"/> HYDROmorphine injection	Intravenous, EVERY HOUR PRN, severe pain, dyspnea Starting dose should be approximately 10% of the patient's total daily opioid requirement at home. Use the link to the conversion table to convert from oral to IV dosing.

<https://palliative.stanford.edu/opioid-conversion/equivalency-table/>

**Dyspnea/Pain - Infusions**

<input type="checkbox"/> morphine bolus + infusion panel	
<input type="checkbox"/> morphine bolus from bag	2-10 mg, Intravenous, EVERY 15 MIN PRN, Signs of discomfort/dyspnea
<input type="checkbox"/> morphine in 0.9 % NaCl 150 mg/30 mL (5 mg/mL) infusion	2-20 mg/hr, Intravenous, CONTINUOUS

<input type="checkbox"/> fentanyl bolus and infusion	<b>"And" Linked Panel</b>
<input type="checkbox"/> fentanyl bolus from bag	Intravenous, EVERY 10 MIN PRN Maximum 100 mcg for initial control
<input type="checkbox"/> fentaNYL 1,500 mcg/30 mL (50 mcg/mL) infusion	Intravenous, CONTINUOUS

<input type="checkbox"/> hydromorphone bolus and infusion	<b>"And" Linked Panel</b>
<input type="checkbox"/> hydromorphone (DILAUDID) bolus from bag	0.1-0.5 mg, Intravenous, EVERY 15 MIN PRN, for signs of discomfort/dyspnea
<input type="checkbox"/> HYDROmorphine (DILAUDID) 75 mg in dextrose 5% 30 mL infusion	Intravenous, CONTINUOUS

<input type="checkbox"/> Albuterol SVN (NMT) - 2.5 mg/3 mL (0.083%) inhalation solution	<b>"And" Linked Panel</b>
<input type="checkbox"/> albuterol 2.5 mg/3 mL (0.083 %) inhalation solution	2.5 mg, Nebulization, EVERY 4 HOURS PRN, for dyspnea

**Anxiety/Agitation**

<input type="checkbox"/> LORazepam (ATIVAN) tablet	0.5 mg, Oral, ONCE PRN, anxiety
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<input type="checkbox"/> LORazepam (ATIVAN) 2 mg/mL injection	0.25 mg, Intravenous, ONCE PRN, anxiety
<input type="checkbox"/> midazolam bolus and infusion	<b>"And" Linked Panel</b>
<input type="checkbox"/> midazolam bolus from bag	Intravenous, EVERY 10 MIN PRN Maximum 10 mg for initial control.
<input type="checkbox"/> midazolam (VERSED) 150 mg/30 mL (5 mg/mL) infusion	Intravenous, CONTINUOUS

### Congestion

<input checked="" type="checkbox"/> glycopyrrolate (CUVPOSA) 0.2 mg/mL oral solution	1 mg, Oral, EVERY 6 HOURS PRN, other, congestion
<input checked="" type="checkbox"/> atropine 1 % sublingual drops	1 drop, Sublingual, EVERY 4 HOURS PRN, other, congestion
<input type="checkbox"/> scopolamine (TRANSDERM-SCOP) 1.5 mg patch	Transdermal, EVERY 72 HOURS PRN, other, for congestion Place patch behind the ear and may add one patch every 12 hours, max 3 patches.
<input type="checkbox"/> atropine 0.4 mg/mL injection	0.4 mg, Intravenous, EVERY 4 HOURS PRN, other, refractory congestion Risk for increased heart rate and tachyarrhythmias

### Fever

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	325 mg, Oral, EVERY 4 HOURS PRN, fever
<input type="checkbox"/> acetaminophen (TYLENOL) 160 mg/5 mL oral liquid	320 mg, Per NG Tube, EVERY 4 HOURS PRN, fever
<input type="checkbox"/> acetaminophen (TYLENOL) 325 mg rectal suppository	325 mg, Rectal, EVERY 6 HOURS PRN, fever
<input type="checkbox"/> ibuprofen (MOTRIN) tablet	400 mg, Oral, EVERY 6 HOURS PRN, fever
<input type="checkbox"/> ibuprofen (CHILDREN'S MOTRIN) 100 mg/5 mL oral suspension	400 mg, Per NG Tube, EVERY 6 HOURS PRN, fever

### Nausea/vomiting

<input type="checkbox"/> ondansetron (ZOFRAN ODT) disintegrating tablet	4 mg, Oral, EVERY 6 HOURS PRN, nausea, vomiting
<input type="checkbox"/> ondansetron (ZOFRAN) injection	4 mg, Intravenous, EVERY 6 HOURS PRN, nausea, vomiting
<input type="checkbox"/> promethazine (PHENERGAN) injection - Adults (Single Response)	Intravenous administration of promethazine injection can result in severe tissue damage. It is <b>restricted</b> in UH/CVC to refractory post-op or chemotherapy induced N/V.
<input type="radio"/> WEIGHT < 80 KG: promethazine (PHENERGAN) IVPB	6.25 mg, Intravenous
<input type="radio"/> WEIGHT >= 80 KG: promethazine (PHENERGAN) IVPB	12.5 mg, Intravenous

<input type="checkbox"/> haloperidol lactate (HALDOL) injection	0.5 mg, Intravenous, 4 TIMES DAILY PRN, nausea/vomiting
<input type="checkbox"/> LORazepam (ATIVAN) 2 mg/mL injection	0.5 mg, Intravenous, EVERY 4 HOURS PRN, nausea/vomiting
<input type="checkbox"/> dexamethasone (DECADRON) injection	4 mg, Intravenous, 2 TIMES DAILY

### Itching

<input type="checkbox"/> diphenhydrAMINE (BENADRYL) capsule	25 mg, Oral, ONCE PRN, itching
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) 12.5 mg/5 mL oral liquid	25 mg, Per NG Tube, ONCE PRN, itching
<input type="checkbox"/> hydrOXYzine HCl tablet	25 mg, Oral, 3 TIMES DAILY

<input type="checkbox"/> hydrOXYzine HCl 10 mg/5 mL syrup	25 mg, Per NG Tube, 3 TIMES DAILY
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### **Cough**

<input type="checkbox"/> dextromethorphan-guaiFENesin (ROBITUSSIN-DM) 10-100 mg/5 mL syrup	5 mL, Oral, EVERY 4 HOURS PRN, cough
<input type="checkbox"/> lidocaine (XYLOCAINE) 4 % topical solution (WITH ATOMIZER)	5 mL, Oral, EVERY 4 HOURS PRN, refractory cough With atomizer

### **Hiccups**

<input type="checkbox"/> baclofen tablet	5 mg, Oral, EVERY 8 HOURS PRN, other, for hiccups Up to 20 mg every 8 hours
<input type="checkbox"/> haloperidol lactate (HALDOL) 5 mg/mL injection	2 mg, Intravenous, ONCE PRN, for refractory hiccups Loading dose
<input type="checkbox"/> haloperidol lactate (HALDOL) 5 mg/mL injection	0.5 mg, Intravenous, 3 TIMES DAILY PRN, hiccups
<input type="checkbox"/> diazepam injection syringe	2 mg, Intravenous, EVERY 4 HOURS PRN, hiccups Titrate to effect, MAX 40 mg/day

## **Preoperative Antibiotics**

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## **Flu & Pneumovax Vaccines**

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## **Blood Sugar Management**

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## **Labs**

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## **Imaging**

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## **Respiratory**

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### **Respiratory**

<input type="checkbox"/> Extubate Patient	Routine, Once (RT) For 1 Occurrences
<input type="checkbox"/> Oxygen UH/CVC	Routine, Clinic Performed, Normal
<input type="checkbox"/> Albuterol SVN (NMT) - 2.5 mg/3 mL (0.083%) inhalation solution	<b>"And" Linked Panel</b>

albuterol 2.5 mg/3 mL (0.083 %) inhalation solution

2.5 mg, Nebulization

### UM IP RCS MECH VENT UH/CVC ED GI BLEED

Mechanical Ventilator UH/CVC

Noninvasive Mechanical Ventilation

Indication for use (Will file to the problem list):

Strategy:

Ok to manage ventilator per Strategy Guidelines: yes

Non - Invasive Type:

Invasive Mechanical Ventilation

Indication for use (Will file to the problem list):

Strategy:

Ok to manage ventilator per Strategy Guidelines: yes

Invasive Mode/Type:

Ventilator Liberation:

ECMO Emergency Vent Settings

Routine, Continuous (RT)

Rate min:

Mode:

PEEP min (cm H2O):

FiO2 min:

Target tidal volume (mL):

Inspiratory pressure min (above PEEP) (cmH2O):

Inspiratory time (sec):

ECMO Rest Vent Settings

Routine, Continuous (RT)

FiO2:

Mode:

Rate:

IP/VT:

PEEP:

INSP Time:

End Tidal CO2

Routine, Until Discontinued (RT)

Choose frequency:

If spot check, specify spot check frequency:

## **Oxygen Management**

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## **Procedures**

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## **Diagnostic Tests / Studies**

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## **Consults and Referrals**

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### Consults

Consult to Palliative Care Service

Routine  
Reason for Consult:  
Attending approval for Consult:  
Discussed with:  
Was this consult ordered based on the patient's LACE score?

Routine consults occur Monday through Friday 8 AM to 5 PM. Emergency consults by phone available are 24/7. For all consults, page # 2219 in addition to placing the order.

Consult to Social Work

Routine  
Reason for Consult: Others ( see comments; please be specific)

Consult Requested For: ICU End of Life Orders UH  
Discussed with:

FOR ADULT/PED/OB SOCIAL WORK, PLEASE ORDER THIS CONSULT

FOR CHILD ABUSE, PLEASE ORDER 'CONSULT TO CHILD PROTECTION TEAM'

FOR STAT SW CONSULTS MON-FRI 8:00a-4:30p  
PLEASE PAGE #9573

FOR STAT SW CONSULTS OUTSIDE THESE HOURS:

- Adult ED Social worker for all UH/CVC patients: pager #3365
- Pediatric ED Social Worker for all Mott/OB patients: pager #35305

Weekend / After Hours Social Work Information:

- For Saturday & Sunday: Mott/Brandon/OB, 11:00a - 4:30p pager #5716
- For Saturday & Sunday: UH/CVC 8:00a - 6:30p, pager #31421

Consult to Spiritual Care End of Life

Consults that cannot wait outside these hours:

- Adult ED Social Worker (#3365)
- Pediatric ED Social Worker (#35305)

STAT

Faith group/Spirituality:

Special instructions:

Once, Starting S

## Criteria

**Suggestions:**

**Filter:**

**Restrict SmartSet:**

## Settings

**Discontinue action:**

**Deselect sections for Pended/Held orders:**

**Pended/Held orders display:**

**Release date:** Use System Definitions Setting

**Disallow user override:**