



## EMERGENCY USE PHYSICIAN ORDER

HOPEHEALTH

[ ] 2ND Floor

HULITAR HOSPICE CENTER

[ ] 3RD Floor

1085 N. Main Street

Providence, RI 02904

Phone: 401-351-5570

Fax: 401-351-2813

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Patient Name: TBD

[ ] MORPHINE SULFATE Concentration: 10 MG/ML Size: 50 ML bag

[ ] HYDROMORPHONE HCL Concentration: 5 MG/ML Size: 50 ML bag

[ ] DEXMEDETOMIDINE HCL Concentration: 40MCG/ML Size: 50 ML bag

[ ] KETAMINE HCL Concentration: 10 MG/ML Size: 50 ML bag

[ ] MIDAZOLAM Concentration: 5 MG/ML Size: 50 ML bag

Quantity: 1 bag

Directions: TBD upon admission

**\*\*Hospice Patient \* Terminally Ill\*\***

Prescriber: \_\_\_\_\_

DEA: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_