## **Prescriber Orders- IPU Medication Orders RN** Name:



Hope Health Hulitar Hospice Center 1085 North Main Street. Providence, RI 02904 Phone: 401-415-4200 Fax 401-351-281

	Date://
HMD signature:	
Date/Time:	
DEA:	

•	Touching Lives	Phone: 401-4	415-4200 Fax 4	101-351-2813		DEA:		
Patient	Name/Date of Birth	າ:						
MRN:_					Roo	om#:		
Allergie	Allergies:							
Diagnosis:								
Anxiolytic to be administered via CADD pump  ***Hospice Patient that is Terminally Ill***								
Midazolam Continuous Infusion: Concentration 5:1								
(Bayview product: 1 <sup>st</sup> dose from Emergency Supply, subsequent doses will be delivered patient-specific)								
	Route of adminis	stration:	Subcuta	aneous		ntravenous		
	Infusion rate: mg/hour with a bolus of mg every 30 minutes PRN Anxiety, Restlessness, Spasms or 2 <sup>nd</sup> line for Agitation							
	□ <b>Titration</b> : May increase infusion rate after 1 hour by: mg/hour for use of 2 boluses/1 hour and/or uncontrolled symptoms to a maximum of mg/hour.							
	<b>Titration</b> : If infusion rate is increased, bolus dose is also increased by mg every 30 minutes to a maximum of mg.							
	Volume:	50 ml □ 100	0 ml □0	Other:		_		
	Quantity:	bags/cassette	S					

For all orders: PRN quantity= 100 and 5 refills, For Around the Clock medication: Quantity = 7 days and 5 refills

☐ Dr. Edward Martin AM1631096	☐ Dr. Jensy Stafford FS6643604	☐ Dr. Christine Nevins-Herbert FN3901750	☐ Dr. Jacob Ramos FR0573887