



## 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: 5 MG/ML Size: 100 ML bag

☐ HYDROMORPHONE HCL Concentration: 5 MG/ML Size: 50 ML bag

☐ DEXMEDETOMIDINE HCL Concentration: 40MCG/ML Size: 50 ML bag

☐ KETAMINE HCL Concentration: 5 MG/ML Size: 100 ML bag

☐ MIDAZOLAM Concentration: 5 MG/ML Size: 25 ML bag

Quantity: 1 bag

Directions: TBD upon admission

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

Prescriber \_\_\_\_\_

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

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

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