

PHYSICIAN ORDER



Hope Health Hular Hospice Center
1085 North Main Street. Providence, RI 02904
Phone: 401-415-4200 Fax 401-351-2813

Patient Name/Date of Birth:
MRN: Phone #: Room#:
Delivery Address:
Allergies:
Diagnosis:

Opioid Infusion Orders to be delivered via CADD Pump

For Hospice Patient that is Terminally Ill

Morphine

Concentration: 5:1 20:1 30:1 Other:
Route of administration: Subcutaneous Intravenous:

Hydromorphone

Concentration: 5:1 20:1 30:1 Other:
Route of administration: Subcutaneous Intravenous:

Administration Directions:

- Infusion rate of mg/hour with a Bolus dose of mg every minutes as needed for moderate to severe pain or dyspnea
Clinician bolus dose (usually 50-150% of the hourly infusion rate) at time of initiation for moderate to severe pain: mg x1
Titration: May increase the infusion rate every 8 hours by mg/hour for use of: boluses/8 hours to a maximum of mg/hour.
Titration: If infusion rate is increased, bolus dose is also increased by mg every minutes to a maximum of mg.

NO TITRATION ORDERS

Volume: 50 ml 100 ml Other:
Quantity: bags/cassettes. Supplies: PICC Port SQ Other:
Pump Serial # if available:

Lock Box Required: Circle YES/ NO

Prescriber (Print) DEA:

Prescriber signature: Date:

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Patient Name/Date of Birth:
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Allergies:
Diagnosis:

Adjunct analgesics to be administered via CADD pump

Hospice Patient that is Terminally Ill

[] Ketamine (initiated in the IPU)
Concentration: [] 5:1 [] 20:1 [] 30:1 [] Other:
Route of administration: [] Subcutaneous [] Intravenous:
Infusion rate: mg/hour Titration:
Volume: [] 50 ml [] 100 ml [] Other:
Quantity: bags/cassettes Supplies: [] PICC [] Port [] SQ [] Other:

[] Dexmedetomidine (initiated in the IPU)
Concentration: [] 40:1 [] Other:
Route of administration: [] Subcutaneous [] Intravenous:
Infusion rate: mcg/hour Titration:
Volume: [] 50 ml [] 100 ml [] Other:
Quantity: bags/cassettes Supplies: [] PICC [] Port [] SQ [] Other:

[] Other:
Concentration: [] 1:1 [] Other:
Route of administration: [] Subcutaneous [] Intravenous:
Infusion rate: mg/hour Titration:
Volume: [] 50 ml [] 100 ml [] Other:
Quantity: bags/cassettes Supplies: [] PICC [] Port [] SQ [] Other:

Pump Serial if available #: _____

Lock Box Required: Circle YES/ NO

Prescriber (Print): _____ DEA: _____

Prescriber signature: _____ Date: _____