

STAT / NOW

| DATE | TIME | COMFORT CARE ORDERS FOR WITHDRAWAL OF LIFE-SUPPORT IN THE ICU | |
|---|------|---|--|
| 1) Notify WRTC 703-641-0100 | | | |
| 2) Check Do Not Resuscitate (DNR) Order in Chart | | | |
| 3) Note written in chart that documents rationale for comfort care, discussions with attending and discussions with family (or attempts to contact family) | | | |
| 4) Discontinue all previous orders including routine vital signs, enteral feeding, radiographs, and laboratory tests. | | | |
| 5) Discontinue all medication and intravenous drips except analgesic and sedative orders. Continue KVO fluids to maintain IV access for comfort medications. | | | |
| 6) Remove all devices (cardiac output computer, transducers, defibrillator, intra-aortic balloon pump, ventricular assist device, temporary pacemaker) from ICU room. | | | |
| 7) Morphine sulphate 0.2 mg/kg IV push = _____ mg (up to 15mg per bolus), repeat every 10 minutes until patient's respiratory rate 12 – 15. | | | |
| 8) Midazolam 2mg IV push with each bolus dose of morphine. | | | |
| 9) Reduce apnea and other ventilator alarms to minimum setting. | | | |
| 10) Reduce FiO2 to 21%, reduce PEEP to zero. | | | |
| 12) When patient is comfortable, extubate to room air. | | | |
| 13) Repeat morphine 0.2 mg/kg and midazolam 2 mg IV q 15 minutes as indicated for pain score > 3 or respiratory rate >12. | | | |
| _____ NURSE SIGNATURE DATE: _____ TIME: _____ | | Pharmacy Scan Time: _____ | _____ PHYSICIAN SIGNATURE/BEEPER # ↓ Required for countersignature on telephone/verbal orders DATE: _____ TIME: _____ |
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