

Adult Palliative Care Order Sets

Frequently Asked Questions

Why do we need Adult Palliative Care Order Sets?

There is a need to support primary care providers in providing timely, consistent, and evidence based symptom management for palliative patients. The goal of these Adult Palliative Care Order Sets are to:

- improve recognition of the symptoms
- guide initial treatment with evidence based medications
- prevent the delay in symptom management due to tracking down orders
- prevent crisis by dealing with symptoms in a timely fashion
- treat crisis in a timely fashion when it does occur
- provide autonomy and capability of nurses to administer medications when necessary

Who developed the Adult Palliative Care Order Sets?

In January 2009 a subgroup of the NHPC consult team reviewed the many different Adult Palliative Care Order Sets/Directives/Pathways available throughout the western provinces. Of all the directive Adult Palliative Care Order Sets, those in Fraser Health were best able to meet the needs of NH. They were thorough yet short, simple, and user friendly. Therefore it was decided and permission granted, to adapt these pre-printed orders to meet the needs of Northern Health.

Who reviewed the Adult Palliative Care Order Sets?

The first version was developed and reviewed by the NHPC consult team and various stakeholders in 2009. Revisions occurred in 2011 with a stakeholder working group and again in 2014 utilizing feedback from a survey that was conducted throughout all communities, professions and care settings.

Who approved the Adult Palliative Care Order Sets?

The final draft was approved by the NHPC consult team. The NH Medical Advisory Committee and the NH Home & Community Council endorsed the Adult Palliative Care Order Sets for use with palliative patients in all care settings across Northern Health in April 2009.

Who is responsible for implementing the Adult Palliative Care Order Sets?

Local managers are to direct implementation for their respective areas as each department has unique challenges and preferences for inservicing.

Local champions will need to be involved in attending and/or providing education sessions. Education can be embedded into any ongoing department education or specific education sessions can be set up depending on the comfort level of their departments in working with pre-printed orders and/or palliative patients.

NHPC Consult Team will support the above parties with implementation of the Adult Palliative Care Order Sets in their respective communities throughout NH.

Who is responsible for ongoing revision of the Adult Palliative Care Order Sets?

NHPC Pharmacist Lead to direct future planning for updates with input from direct care providers via survey and/or working group. The Adult Palliative Care Order Sets will be reviewed and revised accordingly at least every three years.

Where will the Adult Palliative Care Order Sets be used?

It was decided to develop one PPMO that would be used in all care settings. The PPMO task group recommended this because although each care setting has some unique challenges, they all share the main challenge of recognizing and dealing with symptoms in a timely fashion. Having different Adult Palliative Care Order Sets for each care setting could lead to confusion and inconsistent care throughout the system.

Where can I view the Adult Palliative Care Order Sets?

Electronic forms are available on the palliative care iportal site (NH Home > Iportal > Clinical Resources > Palliative Care).

Where can I order the Adult Palliative Care Order Sets?

The Adult Palliative Care Order Sets can be ordered from NH Document Source:

NH Adult Palliative Care Orders	Order number: 10-111-5204
NH Adult Palliative Care Crisis Event Orders	Order number: 10-111-5193

Does a patient have to have official palliative designation to use the Adult Palliative Care Order Sets?

The patient should have a palliative designation to use the Adult Palliative Care Order Sets ie. NHPC Registration and BC Palliative Benefits. The PPMOs are based on guidelines that are evidence based for *palliative* patients. In the rare occasion the pt has refused to be registered but they meet palliative criteria (PPS < 50% or prognosis <6 mos) it would be reasonable to use the Adult Palliative Care Order Sets; however, the team should ensure that this step has not been missed inadvertently.

ACUTE CARE / RESIDENTIAL CARE

How do we use the Adult Palliative Care Order Sets?

There are detailed directions in DSTs 1-10-2-100 and 1-10-2-110.

Does pharmacy have to enter all orders?

Because these orders are ongoing it is suggested that pharmacy enter them into the patient profile. This is to ensure that all potential drug related problems are considered and reviewed by the pharmacist when monitoring the patient and/or changing medications.

Does nursing have to transcribe all orders to the MAR?

There are interim MAR's that can be used with the Adult Palliative Care Order Sets if there is a delay in pharmacy entering orders. They are available in a 7-day format from Document Source:

7 day MAR for Adult Palliative Care Pre-Printed Orders	Order number: 10-112-5024
7 day MAR for Adult Palliative Care Pre-Printed Crisis Event	Order number: 10-112-5025

How long are orders good for?

The Adult Palliative Care Order Sets are like any other prescription written in facility, they would require re-order only upon transferring between wards or post-op (maximum 1 year). It is recommended that for each patient the crisis event orders be reviewed when the regular opioid dose changes to ensure that the crisis doses remain appropriate.

Can LPN's initiate orders if an RN is not available?

Like any other prescription, this would depend on what the usual practice is at each site. The PPMO does not supercede any local policy in this regard. Some facilities have only an LPN on during the night. If the local site policy requires an RN to initiate a new med then they would have to decide locally how the Adult Palliative Care Order Sets would work during the night (ie. use RN on call, etc.)

HOME CARE

How do we use the Adult Palliative Care Order Sets?

There are detailed directions in DSTs 1-10-2-100 and 1-10-2-110.

Does pharmacy have to fill all the orders?

If the patient has been dispensed a symptom management kit most medications are available in the home for the nurse to administer and the pharmacy does not need to fill them. Having the signed Adult Palliative Care Order Sets available to nursing just allows them to start treating a symptom immediately and then follow up for ongoing orders. The PPMO can be used as a prescription to dispense a symptom management kit (SMK) if one has not already been put in the home.

Do you need a duplicate prescription for the crisis event orders?

The Crisis Event Adult Palliative Care Order Sets can be used as an order for the nurse to provide a particular dose in the event of a crisis, using medication already available in the home from SMK or past prescriptions.

Does nursing have to keep track of what is given in the home?

This depends on your local policy for documentation of medications in the home. Medications used out of SMK must be documented on medication log inside kit. If it is helpful, there are pre-printed MAR's that can be used with the Adult Palliative Care Order Sets. They are available in a 7-day format from Document Source.

7 day MAR for Adult Palliative Care Pre-Printed Orders Order number: 10-112-5024

7 day MAR for Adult Palliative Care Pre-Printed Crisis Event Order number: 10-112-5025

How long are orders good for?

The Adult Palliative Care Order Sets are like any other prescription written in community, they would be good for one year. It is recommended that for each patient the crisis event orders be reviewed when the regular opioid dose changes to ensure that the crisis dose remains adequate.

Can patient or family initiate orders?

No. The nurse should do an assessment before initiating orders. If they determine an order should be started they need to ensure medication is available to family and provide guidance on how to give the medication. They will then need to follow-up with physician for on-going orders.