



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING
MANGUM REGIONAL MEDICAL CENTER

Limits of Care Orders

(NUR-015A)

Date: _____ Time: _____

Allergies: _____

Routine Patient Care (Check box to initiate order)

- Pain and other symptom assessment every 4 hours while awake. Call medical provider for unrelieved pain or other symptoms.
- Oral hygiene every 2-4 hours prn
- Titrate Oxygen 2-6L via NC prn dyspnea or to maintain O2 saturation greater than 90%
- Oxygen Mask prn dyspnea or to maintain O2 saturations greater than 90%
- Diet as tolerated: Type: _____
- Discontinue all enteral feedings
- Turn & Reposition every 2 hours or as needed
- Foley prn for comfort
- Vital Signs every _____ hour(s)
- Vital Signs only at request of family
- Pulse oximeter checks every _____ hour(s)
- Pulse oximeter checks only at request of family
- Intake & Output
- Glucose Monitoring every _____ hour(s)
- Discontinue lab tests
- Discontinue all therapy services
- Telemetry Discontinue Telemetry



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Insert Intravenous line Discontinue Intravenous line

Discontinue all medications

Continue the following medications:

Medications (Check box to initiate order)

IV fluids: _____ ml/hour

Morphine sulfate _____ mg PO SL IV every _____ hours prn for pain (**circle route**)

Dilaudid _____ mg PO IV every _____ hours prn for pain (**circle route**)

Oxycodone _____ mg PO every _____ hours prn for pain

Fentanyl Transdermal Patch _____ mcg/hour every 72 hours for pain

Tylenol _____ mg PO every _____ hours prn for pain or mild discomfort or temp greater than 100.4°F

Tylenol suppository _____ mg rectal every _____ hours prn for pain or mild discomfort or temp greater than 100.4°F

Other pain medication: _____

Ativan _____ mg PO IV SL every _____ hours prn for anxiety, seizures (avoid if delirium present) (**circle route**)

Zofran _____ mg PO IV every _____ hours prn for nausea/vomiting (**circle route**)

Other nausea medication: _____

Dulcolax Suppository _____ mg rectally x1 if no bowel movement in 72 hours

Senokot-S _____ mg PO BID

Other bowel medications: _____



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- Hyoscyamine ____mg PO SL every ____ hours prn for secretions (**circle route**)
- Scopolamine Transdermal Patch topically 1.5mg every 3 days prn for secretions
- Atropine 1% 1-2 drops SL every 1-hour prn for secretions
- Other secretion medications: _____
- Artificial tears (Isopto Tears) to both eyes every 12 hours prn for dryness to eyes
- Saliva substitute (Xero-Lube) ____ ml PO every 12 hours prn dryness to mouth
- Mouth lubricant to lips every 12 hours prn for mouth dryness
- Additional Orders:

_____ Date: _____ Time: _____
Medical Provider Signature

_____ Date: _____ Time: _____
Nurse Signature