



**PHYSICIAN'S ORDER SHEET**  
**STANDING ORDERS FOR:**  
**INTENSIVE CARE UNIT**

Page 1 of 2

Check here if STAT medications ordered

ANOTHER BRAND OF GENERICALLY EQUIVALENT PRODUCT, APPROVED BY THE PHARMACY AND THERAPEUTICS COMMITTEE, MAY BE ADMINISTERED UNLESS (SPECIFIC) IS WRITTEN AFTER THE MEDICATION ORDER.



**WITHDRAWAL OF LIFE SUPPORT & COMPASSIONATE EXTUBATION PROTOCOL**

1. Discontinue the following:

- Medications not contributing to comfort
- Discontinue AICD (See procedure below)
- All Lab orders
- All X-ray orders
- Nutritional support (if declined in an Advance Directive)
- IV hydration (if declined in an Advance Directive)

***If a patient has NO Advance Directive and is mentally incapacitated, artificially administered hydration and/or nutrition (AAHN) may be withheld or withdrawn if it is the medical judgement of two physicians that: (1) AAHN will cause severe, intractable and long-lasting pain to the incapacitated patient, (2) AAHN is not medically possible, or (3) the patient is chronically and irreversibly incompetent, is in the final stages of a terminal illness or injury and death is imminent. In either circumstance, AAHN may NOT be withheld or withdrawn if this would result in death from dehydration or starvation rather than from the underlying illness or injury.***

2. Medicate (Titrate drip to patient comfort). **SELECT FROM THE FOLLOWING**

**ANALGESIA**

**AND/OR**

**SEDATION**

**MORPHINE**  
 Bolus \_\_\_\_\_ mg. (Recommended range: 5 - 20 mg.)  
 Continuous Drip \_\_\_\_\_ mg./hr  
 (Suggested range: 5 - 20 mg./hr)

**FENTANYL**  
 Bolus \_\_\_\_\_ mcg. (Recommended: 25 - 25 mcg.)  
 Continuous Drip \_\_\_\_\_ mcg./hr  
 (Recommended range: 10 - 20 mcg./hr)

**MIDAZOLAM** – Continue at current rate **OR**  
 Bolus \_\_\_\_\_ mg. (Recommended range: 1 - 5 mg.)  
 Continuous Drip \_\_\_\_\_ mg./hr  
 (Suggested range: 1 - 5 mg./hr)

**PROPOFOL** – Continue at current rate **OR**  
 Bolus \_\_\_\_\_ mcg./Kg. (Recommended: 5 mcg./Kg.)  
 Continuous Drip \_\_\_\_\_ mcg./Kg./min  
 (Suggested range: 5 - 50 mcg./Kg.min.)

**Prior to patient transfer out of the unit, Propofol to be weaned off and replaced with Midazolam drip if needed and if no contraindication.**

3. A. Disconnect from the ventilator and allow the patient to breathe spontaneously through the endotracheal tube.

B. Physician, nurse and respiratory therapist to assess and document the following:

1. Breathing pattern
2. Sedation level (Refer to the Ramsey Scale)
3. Degree of discomfort (1 - 10 scale and/or Visual Analog Scale)

4. Titrate drips to patient comfort.

5. Defer to family wishes concerning decision to discontinue monitor prior to extubation.

6. Extubate the patient to room air.

**Discontinuation of Pacemaker/AICD**

1. Discontinue AICD prior to extubation (See reverse side of this sheet for manufacturer contact numbers)

2. Discuss with family the option to discontinue pacemaker; *discontinuance of pacemaker is not mandatoy for withdrawal of life support.*

**CONFIDENTIAL INFORMATION**



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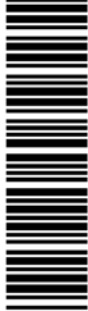
**NOTIFY APPROPRIATE MANUFACTURER REPRESENTATIVE TO DISCONTINUE AICD**

**Manufacturer Contact Numbers**

Ask for the Tulsa representative on call

Medtronic:	1-800-MEDTRON	1-800-633-8766
Guidant:	1-800-CARDIAC	1-800-227-3422

- **DISCONTINUATION OF PACEMAKER WILL ONLY BE DONE IN THE PRESENCE OF THE PHYSICIAN**
- **REPRESENTATIVE WILL NOT COME IN TO DISCONTINUE PACEMAKER WITHOUT PHYSICIAN PRESENT**



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