



Physician's Referral Packet Introduction

Dear Physician:

The following pages are the forms necessary to admit your patient to Hospice of Montezuma for specialized end of life care. Completing and faxing these forms is the most expedient way to get your patient admitted and receiving quality end of life care. We have included a fax transmittal sheet for your convenience at the end of the packet.

Medicare Eligibility Criteria – the LCDs that a patient must meet to be admitted under hospice care. If you have questions about admitting diagnosis or criteria, we are happy to discuss with you at any time. Often a patient will have multiple criteria, that together, will qualify them for hospice services.

Physician's Certification & Admission Order – this order states that based on your knowledge of your patient's condition they meet the criteria for a qualified diagnosis (from the Eligibility Criteria). **Please complete patient information, sign, and date.**

Fax Cover Sheet - Must be signed by an MD or a DO.

Medical Records for 3 months – Medicare requires that we have documentation of the patient's qualifying condition. 3 months is an estimate – we need documentation of their qualifying and contributing conditions.

Physician Order Critical Care List – this provides certification for Empire Electric to add this patient to their Critical Care List for emergency preparedness. They will prioritize this patient in the event of an outage. **Please enter Patient Name, sign and date.**

Hospice of Montezuma Standing Orders – orders to provide safe and effective comfort measures during hospice care. Items requiring a physician's order that you only have to sign once rather than handling multiple requests. You can line out any items you do not want your patient to receive. **Please enter Patient information at top, sign, and date all pages.**

ComfortPak Assessment and Prescription Authorization Form –allows a patient to have a prescribed set of medications for hospice nurses to treat distressing symptoms as quickly as possible in the event of an emergency. **Please complete Patient Name and sign.**

Thank you in advance for allowing us to help you to provide excellent care for your patients. If you have any questions, feel free to contact Hospice of Montezuma at 970-565-4400.



Who Can Request Hospice Services?

Who can request hospice services?

Any patient, family member, friend, physician or other healthcare professional can request hospice services. It is best to contact us early in a serious illness, even if you're not sure if hospice is your preferred option.

Contacting us early helps ensure there is time to make patients as comfortable as possible and provides time to help families know what to expect as the illness progresses.

Simply call Hospice of Montezuma at 970-565-4400.

A personal consultation will be scheduled with one of our Nurses or a Family Support Specialist who are experienced in helping patients and their families understand what care options are available. Each patient is evaluated on an individual basis to determine if their prognosis and medical goals are consistent with hospice services.

Prior to admission, the patient's primary care physician's records will be obtained so the hospice can complete a medical records assessment, which is required of all hospices by state and federal regulators to substantiate a patient's hospice eligibility. Eligibility is determined by the referring physician's prognosis for the patient, our Medical Director, the hospice assessment and by the patient's desire for hospice services.

Centers for Medicare and Medicaid (CMS) urges physicians to make early referrals for those with life limiting disease, noting:

- Prognoses do not have to be certain, as some end-stage conditions have unpredictable courses
- Patients may initially improve on hospice
- Patients may be in hospice care longer than six months.

Referrals to hospice may be made by anyone, including but not limited to: Physicians, Discharge Planners, Home Health Agencies, Social Workers, Patients, Family Members, Nursing Homes, Friends and Clergy.

Too often referrals for hospice care are not made until the patient has uncontrolled symptoms or is near death. Although hospice care can do much to assist and provide care at this time, the patient and family can benefit much more from hospice services if referred earlier.

Many symptoms (i.e. pain) can be anticipated and prevented from becoming severe. Symptoms that might otherwise require a hospitalization or an emergency room visit can be successfully managed by the hospice team in the patient's home. The patient's and family's quality of life can be greatly enhanced by early intervention.

970-565-4400 | 970-565-9543 (fax)

HOSPICEofMONTEZUMA.ORG

P.O. Drawer 740 | 512 N. Broadway, Cortez, CO 81321



Hospice Eligibility Guidelines Reference Sheet

P: 970-565-4400 F: 970-565-9543 512 N. Broadway Cortez, CO 81321 www.hospiceofmontezuma.org

| PPS% | Ambulation | Activity & Evidence of Disease | Self-Care | Intake | Conscious Level |
|------|-------------------|--|-------------------------|-------------------|------------------------------|
| 100% | Full | Normal activity & work, no evidence of disease. | Full | Normal | Full |
| 90% | Full | Normal activity & work, some evidence of disease. | Full | Normal | Full |
| 80% | Full | Normal activity with effort, some evidence of disease. | Full | Normal or reduced | Full |
| 70% | Reduced | Unable to do normal job/work, Significant disease. | Full | Normal or reduced | Full |
| 60% | Reduced | Unable to do hobby/house work, Significant disease | Occasional Assist | Normal or reduced | Full or Confusion |
| 50% | Mainly Sit/Lie | Unable to do any work, Extensive disease | Considerable Assistance | Normal or reduced | Full or Confusion |
| 40% | Mainly in Bed | Unable to do most activity Extensive disease | Mainly Assistance | Normal or reduced | Full or Drowsy +/- Confusion |
| 30% | Totally Bed Bound | Unable to do any activity Extensive Disease | Total Care | Reduced | Full or Drowsy +/- Confusion |
| 20% | Totally Bed Bound | Unable to do any activity Extensive Disease | Total Care | Minimal Sips | Full or Drowsy +/- Confusion |
| 10% | Totally Bed Bound | Unable to do any activity Extensive Disease | Total Care | Mouth Care Only | Drowsy or Coma +/- Confusion |
| 0% | Death | --- | --- | --- | --- |

GENERAL DECLINE

Progression of the disease:

Clinical Status: Recurrent or intractable infections, Progressive inanition as documented by: weight loss and/or decreasing anthropomorphic measurements not due to reversible causes, decreasing serum albumin or cholesterol, dysphagia leading to recurrent aspiration and/or inadequate oral intake documented by decreasing food portion consumption.

Symptoms: Dyspnea with increasing respiratory rate, cough (intractable), nausea/vomiting poorly responsive to treatment, diarrhea (intractable), pain requiring increasing doses of major analgesics more than briefly.

Signs: Decline in systolic blood pressure to below 90 or progressive postural hypotension, ascites, venous, arterial or lymphatic obstruction due to local progression or metastatic disease, edema, pleural/pericardial effusion, weakness, change in level of consciousness.

Laboratory: (When available. Lab testing is not required to establish hospice eligibility): Increasing pCO₂ or decreasing pO₂ or decreasing SaO₂, increasing calcium, creatinine or liver function studies, increasing tumor markers, progressively decreasing or increasing serum sodium or increasing serum potassium.

Decline in Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) from <70% due to progression of the disease.

Increasing emergency room visits, hospitalizations, or physician's visits related to hospice primary diagnosis.

Progressive decline in the Functional Assessment Staging (FAST) for dementia (from ≥7A on the FAST).

Progression to dependence on assistance with additional activities of daily living.

Progressive stage 3-4 pressure ulcers in spite of optimal care.



HOSPICE OF
MONTEZUMA

Hospice Eligibility Guidelines Reference Sheet

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CANCER

Patient meets box 1 or 2:

- Disease with distant metastases at presentation.
- Progression from an earlier stage of disease to metastatic disease with either:
 - Continued decline in spite of therapy.
 - Patient declines further disease directed therapy.

STROKE OR COMA

Patient has box 1 AND 2 (box 3 and 4 supporting documentation):

- PPS of 40% or less
- Inability to maintain sufficient fluid and calorie intake with one of the following: >10% weight loss in the last 6 months or >7.5% weight loss in past 3 months; serum albumin <2.5 gm/dl; current history of pulmonary aspiration not responsive to speech therapy interventions; calorie counts indicating inadequate caloric/fluid intake; severe dysphagia causing insufficient food/fluids necessary to sustain life.

Supporting documentations:

- Non-traumatic hemorrhagic stroke: Large-volume hemorrhage on CT (infratentorial: ≥ 20 ml/ supratentorial: ≥ 50 ml); ventricular extension of hemorrhage; Area involvement hemorrhage $\geq 30\%$ of cerebrum; midline shift ≥ 1.5 cm; obstructive hydrocephalus without ventriculoperitoneal shunt.
- Thrombotic/embolic stroke: Large anterior infarcts with both cortical & subcortical involvement; large bihemispheric infarcts; basilar artery occlusion; bilateral vertebral artery occlusion.
- Coma (any etiology) with 3 of the following on the 3rd day of coma: Abnormal brain stem response; absent verbal responses; absent withdrawal response to pain; serum creatinine >1.5 gm/dl.
- Additional supporting documentation**: Aspiration pneumonia; upper urinary tract infection; sepsis; refractory stage 3-4 ulcers; fever recurrent after antibiotics.

HIV/AIDS

Patient has box 1 AND 2 (box 3 is supporting documents):

- CD4+ Count 100,000 copies/ml, plus one of the following: CNS Lymphoma, untreated, or persistent despite treatment; wasting (loss of 10% body mass); Mycobacterium avium complex (MAC) bacterium (untreated, unresponsive to treatment, or treatment refused); Progressive multifocal leukoencephalopathy; systemic lymphoma with advanced HIV disease and partial response to chemotherapy; Visceral Kaposi's sarcoma unresponsive to therapy; renal failure in the absence of dialysis; Cryptosporidium infection; Toxoplasmosis, unresponsive to therapy.
- Decreased PPS < 50%
- Documentation of the following factors support eligibility: chronic persistent diarrhea for 1 year; persistent serum <2.5 gm/dl; concomitant, active substance abuse; age > 50 years; absence of, or resistance to effective antiretroviral, chemotherapeutic and prophylactic drug therapy specifically to HIV disease; advanced AIDS dementia complex; toxoplasmosis; CHP symptomatic at rest and/or advance liver disease.

PULMONARY DISEASE

Patient has box 1 and 2 (boxes 3,4,5 supporting documentation):

- Patient should have **BOTH**:
 - Disabling dyspnea at rest; little or no response to bronchodilators; decreased functional capacity (i.e. bed to chair existence, fatigue and cough).
 - Progression of disease, as evidenced by increasing home physician visits and/or ER visits or hospitalizations for pulmonary infection and/or respiratory failure **AND**
 - Documentation within the past 3 months: Hypoxemia at rest on RA ($pO_2 \leq 55$ mmHg) or oxygen saturation $\leq 88\%$ OR Hypercapnia evidenced by $pCO_2 \geq 50$ mmHg.
 - Right heart failure secondary to pulmonary disease.
 - Unintentional progressive weight loss of >10% body weight over 6 months.
 - Resting tachycardia >100/min.

NEUROLOGICAL DISEASE (ALS, Parkinson's Muscular Dystrophy, Myasthenia Gravis, or Multiple Sclerosis)

Patient has box 1, 2, OR 3:

- Critically impaired breathing capacity with **ALL** (within last 12 months): Vital capacity < 30%; dyspnea at rest; declines mechanical ventilation (external ventilation used for comfort only).
- Rapid disease progression with **BOTH BOXES BELOW** (within last 12 months):
 - Progression from: Independent ambulation to wheelchair or bed-bound status; normal to barely intelligible or unintelligible speech; normal to pureed diet; independence in most ADLs to needing major assistance in all ADLs **AND**
 - Critical nutritional impairment: oral intake of nutrients and fluids insufficient to sustain life; continuing weight loss; dehydration or hypovolemia; absence of artificial feeding methods.
- Life-threatening complications in the last 12 months as demonstrated by one or more of the following: recurrent aspiration pneumonia; pyelonephritis; sepsis; recurrent fever after antibiotic therapy; stage 3 or 4 pressure ulcer(s).

HEART DISEASE

Patient has box 1 AND 2 (box 3 is supporting documentation):

- Patient has already been optimally treated for heart disease or is not a candidate for surgical procedure or has declined procedure (optimally treated means that the patient's who are not on vasodilators have a medical reason for refusing the drugs).
- Patients NYHA Class IV and may have significant symptoms of heart failure or angina at rest. Ejection Fraction of $\leq 20\%$, but not required.
- Supporting documentation but not required: treatment resistant symptomatic supraventricular or ventricular arrhythmias; history of cardiac arrest or resuscitation; history of unexplained syncope; brain embolism of cardiac origin; concomitant HIV disease.

LIVER DISEASE

Patient has box 1 AND 2 (box 3 supporting documentation):

- Patient should have **BOTH** boxes:
 - PT > 5 sec OR INR > 1.5
 - Serum albumin < 2.5 gm/dl
- One or more of the following: refractory ascites; h/o spontaneous bacterial peritonitis; hepatorenal syndrome; hepatic encephalopathy; recurrent variceal bleeding (despite treatment).
- Progressive malnutrition, muscle wasting with dec. strength; ongoing alcoholism (>80 gm ethanol/day); Hepatocellular carcinoma HBsAg positive; Hepatitis C refractory to treatment.

ALZHEIMER'S AND RELATED DISORDERS

Patient meets ALL of the following:

- Stage 7 or beyond according to the FAST scale:
 - 7a Ability to speak limited to half a dozen words in an average day.
 - 7b Intelligible vocabulary limited to a single word in an average day.
 - 7c Non-ambulatory (unable to walk w/o assistance).
 - 7d Unable to sit independently.
 - 7e Unable to smile.
 - 7f Unable to hold head up.
- One or more of the following conditions in the past 12 months: Aspiration pneumonia; Pyelonephritis or upper urinary tract infection; septicemia; decubitus ulcers- multiple (stage 3-4); recurrent fever after antibiotics; inability to maintain sufficient fluid and calorie intake with 10% weight loss during the previous 6 months or serum albumin < 2.5 gm/dl. (Specific for Alzheimer's and related disorders, not appropriate for other types of dementia, such as multi-infarct dementia).

RENAL FAILURE (ACUTE and CHRONIC)

Patient has box 1 AND either box 2 OR 3 (box 4 supporting documentation):

- Not seeking dialysis or renal transplant or d/c dialysis.
- Creatinine clearance GFR < 15 ml/min.
- Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics).
- Supporting documentation for ACUTE renal failure**: Mechanical ventilation; malignancy (other organ system); chronic lung disease; advanced cardiac disease; advanced liver disease; sepsis; immunosuppression/AIDS; albumin; cachexia; platelet count <25,000; disseminated intravascular coagulation; gastrointestinal bleeding.
- Supporting documentation for CHRONIC renal failure**: Uremia; oliguria (urine output < 400 cc in 24 hours); intractable hyperkalemia not responsive to treatment; uremic pericarditis; hepatorenal syndrome; intractable fluid overload, not responsive to treatment.



Physician Certification & Admission Order

FOR: _____ **DOB:** _____
Patient's Name

Date: _____ **To:** _____ **From:** _____

Based on the patient's diagnosis and current condition, I expect this patient has a limited life expectancy of six (6) months or less, if the terminal illness runs its normal course and I hereby certify this patient as eligible for hospice care. I understand that under Medicare regulations (418.52.c.4), a patient under hospice care has the right to choose their attending physician. By signing this certification of terminal illness, I also agree to continue following the care of this patient, unless the patient chooses a different physician.

Admit to hospice care, with a diagnosis of _____

Nurse's Signature _____ Date: _____

*Nurses signature needed **only** for confirmation when **verbal orders** are issued.*

PHYSICIAN'S ADDITIONAL RESPONSE/ORDERS: _____

Physician's Signature _____ Date _____

Certification Period Dates: _____ to _____ *(for hospice office use)*

CONFIDENTIALITY NOTICE

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970-565-4400 | 970-565-9543 (fax)

HOSPICEofMONTEZUMA.ORG

P.O. Drawer 740 | 512 N. Broadway, Cortez, CO 81321



Physician Order Critical Care List

Date: _____

To: _____ From: _____

Fax: _____

RE: _____

Number of pages including cover sheet: _____

Comments: The above Hospice client requires life supporting equipment such as oxygen. An order is needed to list them on Empire Electric Association's Critical Care List to help prioritize restoration of electricity in case of an outage.

Please Sign and Return

PHYSICIAN ORDERS: The above patient requires life supporting equipment such as oxygen. This needs to be noted as part of Empire Electric's Critical Care List.

Physician's Signature

Date

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Hospice of Montezuma Standing Orders

Patient Name: _____

Hospice Admit Date: _____

Physician: _____

Allergies: _____

These standing orders are requested to provide safe and effective comfort measures during hospice care. PLEASE MARK THROUGH AND INITIAL THOSE YOU DO NOT WISH TO HAVE IMPLEMENTED FOR THE PATIENT.

May consult Hospice of Montezuma Medical Director as needed to provide symptom management if Attending Physician or on-call physician for the Attending Physician is not available.

General Care

- Order hospital bed, alternating pressure pad/mattress, trapeze, over-bed table; bed cane, bed alarm, fall mat, wheelchair, transport chair, chair alarm, ROHO cushion, walker, seat walker, shower chair, bedside commode, mechanical lift, suction machine, nebulizer, heel and elbow protectors and baby monitor.
- Order Care Link machine and/or Automatic Medication Dispenser for patient safety as requested.
- Medications may be crushed (if acceptable for that drug) or given PO, sublingual, rectal, topical or changed from oral to alternate delivery route at the same dosage or held/discontinued if patient is unable to swallow.
- May discontinue standing order medications if patient is no longer taking.
- Family and their designees may administer medications by all routes following proper instruction.
- Artificial saliva or Xylimelts PRN dry mouth per package instructions.
- Artificial tears PRN dry eyes per package instructions.
- May have hot/cold packs PRN for comfort.
- May use Thickening agent (ThickIt) as needed to desired consistency for swallowing difficulties.

Nausea and Vomiting – Per Patient Preference

- Cola syrup or Ginger chews PRN per package instructions.

Gastric Irritation or Dyspepsia – Per Patient Preference

- Aluminum hydroxide 800 mg/magnesium hydroxide 800 mg/simethicone 80 mg/5 ml (generic Mylanta) Take 10 to 20 ml PO one to four times a day PRN. (Do not exceed 60 ml in 24 hrs.)
- Calcium Carbonate (generic TUMS) 500 to 1500 mg PO one to four times a day PRN.

Attending Physician/Provider Signature _____ **Date** _____



Hospice of Montezuma Standing Orders

Patient Name: _____

Allergies: _____

Gastric Distention/Gas

- Simethicone (generic Gas-X) Chew 40 – 125 mg PO one to four times a day PRN. (Do not exceed 500 mg in 24 hrs.)

Diarrhea

- Loperamide (generic Imodium) 2 mg PO after each loose stool. (Do not exceed 16 mg in 24 hrs.)
- Bismuth Subsalicylate 262 mg caplets – 2 caplets every ½ hour or 4 caplets every hour PRN – max 8 tabs/24 hrs.
- Bismuth Subsalicylate 525 mg/30 ml (generic Pepto- Bismol) Take 30ml every 30 minutes to 1 hour, up to max of 8 doses (240ml) in 24 hrs. (Hold for aspirin allergy, bleeding, or bloody/black stool.)

Constipation – Per Patient Preference

- Senna tea (Smooth Move) or Prune Juice (w/ or w/o) butter or MOM (Brown Cow) as appropriate.
- Sennosides 8.6 mg./docusate sodium 50 mg. (generic Senna S) 1 -2 tablets PO QD-BID PRN up to max 8 tabs/day.
- Senna 8.6 mg. 1-2 tablets PO QD-BID PRN up to max 8 tabs/day.
- Metamucil. Take 1-2 teaspoons PO, up to 3x day. Mix in 8 ounces of cool liquid of choice.
- Benefiber. Take 2 teaspoons PO, up to 3x day. Mix in 4-8 ounces of fluid (juice, water or coffee).
- Bisacodyl 10mg Suppository. May use 1 suppository rectally once daily PRN. (See also Comfort Pak orders).
- Magnesium Hydroxide 1200mg/15ml (generic Milk of Magnesia) 30 ml PO BID PRN-may increase to 60ml BID prn.
- Polyethylene glycol 3550 (generic Miralax) 17g dissolved in 4-8 oz. beverage of choice PO QD-BID PRN.
- Enema of choice QD PRN per package directions.
- Manual disimpaction PRN by RN or LPN.

Hemorrhoids

- May apply small amount of hemorrhoidal ointment to affected area up to 6x/day PRN itching/pain.
- May use hemorrhoidal suppositories as per package instructions.

Attending Physician/Provider Signature _____ Date _____



Hospice of Montezuma Standing Orders

Patient Name: _____

Allergies: _____

Urinary Incontinence or Retention

- May insert foley catheter with balloon for urinary retention and/or patient comfort. Change PRN.
- May irrigate urinary catheter 30 ml NS or sterile water using 60 ml catheter tip syringe PRN.

Urinary Tract Infection Prevention

- Cranberry Caps or Azo Urinary Tract Health 450mg-1200mg QD-BID or per package instructions.

Wounds/Skin Care

- May apply triple antibiotic ointment topically to small non-infected wounds and bandage PRN.
- Calmoseptine ointment – apply to affected area PRN, CNA may apply after instruction by the RN.
- May Use Mylanta, Corn starch, MOM, Monistat (Generic) to excoriated areas or areas with yeast infection, BID & PRN
- May apply by CNA after instructed by RN

Pruritus/Allergies – per patient preference

- Hydrocortisone cream/ointment 1% topically to affected areas every 8 hours PRN.
- Cetirizine Hydrochloride (generic Zyrtec) 10 mg PO QD PRN.
- Diphenhydramine Hydrochloride (generic Benadryl) 25 mg PO Q 4-6 hours PRN.

Insomnia

- Chamomile tea.
- Melatonin 1-10 mg PO 30 minutes before bedtime PRN.

Mild pain or Temperature elevated above 101 degrees – per patient preference.

- Acetaminophen (Tylenol) 325-650mg PO every 4 hours PRN. (Max 3250 mg or 10 tablets/24 hrs.)
- Acetaminophen (Tylenol Extra-Strength) 500-1000mg PO every 6 hours PRN. (Max 3000 mg or 6 tablets/24 hrs.)
- Acetaminophen 650mg Suppository. Insert 1 supp rectally every 6 hours PRN. (See also comfort pak orders.)
- Ibuprofen 200 mg 1-3 tablets PO every 4 hours PRN. (Do not exceed 2400 mg in 24 hrs.)

Attending Physician/Provider Signature _____ Date _____



Hospice of Montezuma Standing Orders

Patient Name: _____

Allergies: _____

Oxygen

- May titrate O2 PRN to keep O2 sat > 90% or for patient's comfort via NC or Simple Mask
- May have hi-flow concentrator 1-10L/min
- May discontinue O2 per patient/family request and resume O2 PRN for respiratory distress.
- AYR Saline Mist or Gel PRN nasal dryness per package directions.
- Mustache Cannula PRN for patient's comfort. May have Mask PRN pt preference if O2 sats >/=5L/min.

Sore Throat

- Chloraseptic Throat Spray (Phenol 1.4%). Apply 1 spray to affected area, allow to remain in place for 15 seconds, then spit out. May use up to every 2 hours.

Non-productive/Dry cough – per patient preference

- Mentholatum or Vicks VapoRub. Apply topically PRN.
- Guaifenesin 400 mg/dextromethorphan 20 mg/20 ml (generic Robitussin DM). 20ml PO Q 4 hr PRN. (Max 6 doses/24 hrs.)

Productive/Loose Cough – per patient preference

- Guaifenesin 100 mg/5 ml (generic Robitussin) 10 ml. PO every 4 hours PRN. (Max 1200 mg or 6 doses/24 hrs.)

Muscle pain/stiffness/bruising – per patient preference

- Arnica Gel – Apply thin layer to affected area PRN up to 4 times daily
- Aspercreme (trolamine salicylate 10%) Apply to affected area PRN up to 4 times daily
- Sombra (Camphor 3%, Menthol 3%) Apply to affected area PRN up to 4 times daily

Additional Disciplines:

- CNA, Chaplain, SW, PT, OT, Massage or Music Therapy, Volunteer to assess and treat/support as appropriate.
- RN to assess patient a minimum of 15 days per regulations, more often as deemed appropriate by RN.

Attending Physician/Provider Signature _____ **Date** _____



HOSPICE OF MONTEZUMA

512 North Broadway • P.O. Drawer 740 • Cortez, CO 81321 • Phone: 970-565-4400 • Fax: 970-514-8051

Terminally Ill Hospice Patient ComfortPak™ Assessment and Prescription Authorization Form

Hospice Information: _____

Patient Name: _____ Physician Name: _____

Patient ID: _____ DOB: _____ Address: _____

Patient Address: _____

_____ Phone: _____ License#: _____

Date of Admission: _____ Terminal Diagnosis: _____

Team: _____

Allergies (include reaction) _____

ComfortPak Contents (To be confirmed as verbal order upon request):

| Medication | Quantity | Directions for Use |
|---|------------------------|--|
| Acetaminophen 650mg suppositories | 4 (four) suppositories | Insert 1 suppository rectally every 6 hours as needed for mild pain or fever |
| Haloperidol 2mg/ml oral concentrate | 15 (fifteen) ml btl | Take 0.5ml (1mg) by mouth or under the tongue every 6 hours as needed for agitation or nausea and vomiting |
| Hyoscyamine 0.125mg SL tablets | 12 (twelve) tablets | Take 1 tablet under the tongue every 4 hours as needed for secretions |
| Lorazepam 0.5mg tablets ICD: F41.9 Day Supply: 2.5 | 5 (five) tablets | Take 1 tablet by mouth every 6 hours as needed for anxiety |
| Prochlorperazine 10mg tablets | 6 (six) tablets | Take one tablet by mouth every 6 hours as needed for nausea and vomiting |
| Bisacodyl 10mg suppository | 1 (one) suppository | Insert 1 suppository rectally once daily as needed for constipation |

Requesting RN (print) _____ Requesting RN (signature) _____

To Include Morphine in ComfortPak:

Morphine Sulfate oral concentrate, 100mg/5ml (20mg/ml), Take 0.25ml (5mg) by mouth or under the tongue every 3 hours as needed for pain or shortness of breath. Dispense 15(fifteen)ml. No Refills. ICD: R52 Day Supply: 7.5

Physician Signature Date DEA#

In order for a brand name product to be dispensed,
Hand write "Brand Name Medically Necessary" in the space provided: _____



Fax Cover Sheet

Date: _____

To: Hospice of Montezuma

Fax Number: 970-514-8051

From: _____

Company: _____

Fax Number: _____

Number of pages including cover: _____

RE: _____ DOB: _____
(Patient Name)

Attached is a signed Physician's Certification and Admission form, including his/her terminal diagnosis. **(Signed by an MD or DO).**

Also, please sign the Critical Care List Order, the ComfortPak Order and all pages of the Standard Comfort Orders. **(Signed by an MD, DO, NP or PA).**

Thank you for assisting us in providing prompt, appropriate care for this patient.

URGENT

FOR REVIEW

PLEASE COMMENT

PLEASE REPLY

PLEASE RECYCLE

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