



**Dear Physician:**

Enclosed in this folder 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.

- Laminated Medicare Eligibility Criteria** (LCD's) 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 the top portion, sign and date.**
- 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 would prioritize this patient in the event of an outage. Please add **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. **Patient Name, Allergies, Signature and Date on BOTH pages** please.
- 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. **Complete Patient Name and Physician Signature.**

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.

**P.O. Drawer 740 / 510 N. Broadway, Cortez, CO 81321 / 970.565.4400 / fax 970.565.9543**



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

## **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.



# Hospice Eligibility Guidelines Reference Sheet

P: 970-565-4400 F: 970-565-9543 512 N. Broadway Cortez, CO 81321 [www.hospiceofmontezuma.org](http://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 pCO<sub>2</sub> or decreasing pO<sub>2</sub> or decreasing SaO<sub>2</sub>, 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:  $\geq 20$  ml/ supratentorial:  $\geq 50$  ml); ventricular extension of hemorrhage; Area involvement hemorrhage  $\geq 30\%$  of cerebrum; midline shift  $\geq 1.5$ 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.



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

DATE: \_\_\_\_\_

TO: **Hospice of Montezuma FAX #: 970-514-8051**

FROM: \_\_\_\_\_

COMPANY: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

TOTAL # OF PAGES INCLUDING COVER: \_\_\_\_\_

RE: \_\_\_\_\_ DOB: \_\_\_\_\_

*(Patient Name)*

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

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

- If you do not have a MD or DO available, Hospice of Montezuma will provide one. Please check here.
- As this patients medical provider, I plan to continue following the care of this patient after their Hospice Of Montezuma admission. Please check here.

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

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URGENT       FOR REVIEW       PLEASE COMMENT  
 PLEASE REPLY       PLEASE SHRED

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Thank you.



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## PHYSICIAN'S CERTIFICATION & ADMISSION ORDER

FOR: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Patient's Name)

To: \_\_\_\_\_ Date: \_\_\_\_\_ 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. \_\_\_\_\_ *Please Initial Choice*

**OR**

Although I am signing this certification of terminal illness, I will not be following the care of this patient and ask the patient to choose the Hospice Medical Director or other hospice physician to follow their care at this time. \_\_\_\_\_ *Please Initial Choice*

**Admit to hospice care, with a diagnosis of:** \_\_\_\_\_  
\_\_\_\_\_

Nurse's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
*Nurse 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)*

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## 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 & 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

Page 1 of 2

Patient Name: \_\_\_\_\_ Hospice Admit Date: \_\_\_\_\_

Provider: \_\_\_\_\_ 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.
- May use generic forms of medications.

## **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 (Mylanta) Take 10 to 20 ml PO one to four times a day PRN. (Do not exceed 60 ml in 24 hrs.)
- Calcium Carbonate (TUMS) 500 to 1500 mg PO one to four times a day PRN.
- Prilosec 20mg 1 tab orally daily for 4 – 8 weeks or as instructed by provider

## **Gastric Distention/Gas**

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

## **Diarrhea**

- Loperamide (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 (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**

- Sennosides 8.6 mg/docusate sodium 50 mg. (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).
- Magnesium Hydroxide 1200mg/15ml (Milk of Magnesia) 30 ml PO BID PRN-may increase to 60ml BID prn.
- Polyethylene glycol 3550 (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

Page 2 of 2

Patient Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

## Urinary Incontinence or Retention

- May insert Straight Catheter for urinary retention or to collect clean specimen.
- May use Lidocaine 2% gel for comfort with catheter insertion.

## Urinary Tract Infection Prevention

- Cranberry Caps or Azo Urinary Tract Health 450mg-1200mg QD-BID or per package instructions.
- Urinalysis Dipstick testing may be completed if patient is experiencing signs or symptoms of UTI.

## 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
- May use A & D ointment topically to affected area as needed

## Pruritus/Allergies – per patient preference

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

## Insomnia

- 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.)
- Ibuprofen 200 mg 1-3 tablets PO every 4 hours PRN. (Do not exceed 2400 mg in 24 hrs.)

## Oxygen

- May titrate O2 PRN to keep O2 sat > 90% or for patient's comfort via NC or Simple Mask
- 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  $\geq$  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.
- May use lozenges as needed for cough or sore throat

## 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 as needed (Max 6 doses/24 hrs.)
- Mucinex DM 600mg/30mg 1 tablet orally every 12 hours as needed

## Productive/Loose Cough – per patient preference

- Guaifenesin 100 mg/5 ml Take 10 ml PO every 4 hours as needed. (Max 1200 mg or 6 doses/24 hrs.)
- Mucinex 600mg 1 tablet orally every 12 hours as needed

## 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: \_\_\_\_\_



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

Patient:	DOB:	MR#:	
Patient Address:	City:	State:	Zip:
Primary Diagnosis:	Medication Allergies:		
Secondary Diagnosis:			

Assess patient allergies. If an allergy exists for an item listed below, place a thick line through the item and initial next to the line to note its absence in the ComfortPak™. Notify an HP pharmacist so he/she can remove the medication(s) prior to dispensing. Instruct the patient to refrigerate the ComfortPak™ and to open only under direction of a hospice nurse or prescriber. Perform assessments upon admission, with each patient visit and with patient status change to identify possible causes and types of symptoms and to develop a medication care plan. Please contact a prescriber when medications in this Pak need to be initiated.

### Section A: COMFORTPAK™ CONTENTS

Symptom	ComfortPak Contents	Quantity	Directions
Pain, Fever	Acetaminophen 650 mg suppository	4 (four) suppositories	Insert 1 suppository rectally every 6 hours as needed for mild pain or fever.
Agitation	Haloperidol 2 mg/mL oral concentrate	15 (fifteen) ml	Take 0.5 mL (1 mg) by mouth or under the tongue every 6 hours as needed for agitation.
Secretions	Levsin® (hyoscyamine) 0.125 mg	12 (twelve) tablets	Place 1 tablet under the tongue every 4 hours as needed for secretions.
Anxiety	Lorazepam 0.5 mg tablet CIV ICD: F41.9 Day Supply 2.5	5 (five) tablets	Take 1 tablet by mouth every 6 hours as needed for anxiety.
Pain, Shortness of Breath	Morphine sulfate 100 mg/5 ml (20 mg/ml) oral concentrate CII Prescription ICD: R52 Day Supply: 7.5	15 (fifteen) ml	Take 0.25 ml (5 mg) by mouth or under the tongue every 3 hours as needed for moderate to severe pain or shortness of breath.
Nausea, Vomiting	Prochlorperazine 10 mg tablet	6 (six) tablets	Take 1 tablet by mouth every 6 hours as needed for nausea and vomiting. May also be given rectally every 6 hours as needed.
Constipation	Bisacodyl 10 mg suppository	1 (one) suppository	Insert one suppository rectally once daily as needed for constipation.

### Section B: ASSESSMENT

Nurse has assessed residence for safety and feasibility of ComfortPak™ placement?	<input type="checkbox"/> Yes
Patient has been assessed and is considered to be at risk for the symptoms listed above?	<input type="checkbox"/> Yes
Patient has been counseled regarding ComfortPak™ contents and access?	<input type="checkbox"/> Yes
Placement of the ComfortPak™ in the home is recommended?	<input type="checkbox"/> Yes
Nurse:	Date:

### Section C: COMFORTPAK™ PLACEMENT APPROVAL

Prescriber Printed Name	Date:
Prescriber Signature:	DEA Number:

Patient Name [ ] Fasting [ ] Non-Fasting		DATE REQUIRED/Spec Collected	Physician Office Address (Stamp):
		[ ] STAT	
		[ ] Call #	
Last First MI		[X] Fax # 970-514-8051	
Mailing Address		CC To:	Ordering Physician
		Policy Holder Name	
City	State	ZIP	ICD 10 Diagnosis (Required Field) <b>UTI</b>
Phone	DOB	[ ] M [ ] F	
Bill To: [ ] Insurance [ ] Copy of card attached [ ] Patient [ ] Account			

Hospice of Montezuma		<b>PLEASE SIGN HERE</b>	Physician Signature
Insurance Company	Address		

Panels/Profiles	CPT	Hematology	CPT	Urinalysis	CPT	Serology	CPT
<b>Basic Metabolic Panel</b> Na,K,CL,CO2,Creat,BUN,Glu,CA	80048	CBC,Plt with Diff	85025	Urinalysis Complete	81000	<b>Gastro-Intestinal</b>	
		CBC,Plt no Diff (Hemogram)	85027	X Urinalysis with culture if indicated	81000	Hepatitis B Core Ab	86705
<b>Comprehensive Metabolic</b> BMP,Alb,Tbili,ALK,Tpro,ALT,AST	80053	Hemoglobin	85018	Urinalysis (Dip), micro if indicated	81000	Hepatitis B Surface Ag	87340
		Hematocrit	85014	<b>Random Urine Chemistry</b>		Hepatitis B Surface Ab	86706
<b>Electrolyte Panel</b> Na,K,CL,CO2	80051	Reticulocyte Count	85045	Spot Urine Protein/Creatinine	84156	Hepatitis C Ab	86803
		Sedimentation Rate	85651	Microalbumin Random	82043	Anti-Transglutaminase IgA	83516
<b>Hepatic Function Panel</b> ALT,ALB,ALK,AST,Tbili,DBili	80076	<b>Hemoglobin Disorder Workup</b>		NTX	82523	Total IgA	82784
		B12, Vitamin	82607	Potassium Random	84133	Celiac Panel ARUP 51065	multiple
<b>Lipid Panel</b> Chol,Trig,HDL,LDL,Risk Factor	80061	Folate, RBC or Serum (circle one)	82746	Sodium Random	84300	H. pylori Ab	86677
		Ferritin	82728	Immunofixation Elec, Urine QL BJ Protein		Hep C RNA by PCR Qt	87522
<b>Pre-Natal Panel</b> ABO/RH,ABS,CBC,HBSAG,RPR,Rubella	80055	Iron	83540	Urine Pregnancy Test	84703		
		Iron Binding Capacity, Total	83550	<b>24 Hour Urine Chemistry</b>		<b>Rheumatoid</b>	
<b>Renal Panel</b> Na,K,CL,CO2,Crea,BUN,Glu,CA,Alb,Phos	80069	Immunofixation Elec, Serum ARUP	50615	Calcium	82340	ANA Screen with reflex to titer	86038
		Immunoglobulins, Quant	82784	Citrate	82507	Anti-phospholipid AB Panel	multiple
<b>Acute Hepatitis Panel</b> A,B,C	80074	IgG, IgA, IgM, IgE (Circle desired)	82784	Creatinine	82570	C3 (Complement)	86160
		<b>Endocrinology</b>		Creatinine Clearance	82575	C4 (Complement)	86160
<b>General Chemistry</b>		Cortisol, [ ] AM [ ] PM	82533	Immunofixation Elec, Urine Qt BJ Protein		CCPeptide, AB ARUP 55256	86200
Albumin	82040	Estradiol	82670	Oxalate	83945	Rheumatoid Factor	86430
Amylase	82150	FSH	83001	Protein, Total	84156	RPR	86592
AST/GOT	84450	Hemoglobin A1C	83036	Potassium	84133	ANCA [ ] C [ ] P	83516
Alk Phos	84075	LH	83002	Sodium	84300	Myeloperoxidase Ab (MPO)	83516
ALT/GPT	84460	Prolactin	84146	Uric Acid	84560	Proteinase-3 Ab (PR3)	83516
Bilirubin, Total	82247	Parathyroid Hormone Intact	82310			<b>Rheumatoid, Positive ANA</b>	
Bilirubin, Direct	82248	PSA, Total [ ] Diag [ ] Screen				Anti DNA (Double Stranded)	86813
BNP(Pro) B-Type Natriuretic Pep	83880	PSA, Free and Total (ARUP)	84154	<b>Microbiology / Cultures</b>		ENA Ab (SM & RNP)	86235
BUN	84520	Testosterone, Total	83970	Blood Culture: #	87040	Sjogren's Ab, SSA/SSB	86235
Calcium	82310	Testosterone, Free	84403	Group B Strep Screen	87802	Anti-Histone, IgG	83516
CPK total	82550	Vitamin D 25 OH	82306	Sputum Culture	87070	<b>Miscellaneous Serology</b>	
C-Reactive Protein (Rheumatoid)	88140	<b>Thyroid Studies</b>		Stool Culture: Sal, Shig, Campy	87045	B-HCG Screen (Preg Test, Bld)	84703
C-Reactive Protein, HS	86141	TSH	84443	Urine Culture	87088	B-HCG, Quantitative	84702
Creatinine	82565	T4 Free (Do not order with T4)	84439			HIV Ab Screen with reflex to WB	86701
Glucose, fasting	82947	T4 (Do not order with T4Free)	84436	Wound Culture: site	87070	Monospot	86308
GGT	82677	T uptake (Do not order with T4Free)	84479			Rubella Screen	86762
Lead	83655	T3, Free	84481	Culture Other			
LDH	83615	<b>Advanced Thyroid Studies</b>					
Lipase	83690	Thyroid Peroxidase Ab (TPO)	86376	<b>Microbiology / Serology</b>		<b>Tumor Markers</b>	
Magnesium	83735	Thyroglobulin Ab	86800	<b>Gastro-Intestinal</b>		AFP	82105
Phosphorus	84100	Thyroglobulin	84432	C Diff, Stool	87324	CA 19-9	86301
Potassium	84132	<b>Glucose Tolerance Testing</b>		Giardia Ag	87329	CA 27-29	86300
PSA Diagnostic	84153	Hours:		Rotovirus	87425	CA-125	86304
PSA Screen	G0108	Include urines [ ] yes [ ] no		H. pylori Ag	87338	CA 15-3	86300
Troponin I	84484	Glu-Gest Diab Screen	82950	<b>Respiratory</b>		CEA	82378
Uric Acid	84550	<b>Coagulation</b>		Influenza A/B	87400		
				Pertussis Nasal Swab	87801	<b>Blood Banking</b>	
<b>Therapeutic Drugs</b>				Rapid Group A Strep	87430	ABO & RH	86900 86901
Carbamazepine (Tegretol)	80156	PT: Protime/INR	85610	RSV	87280	Antibody Screen	86850
Digoxin	80162	P'TT:Partial Thromboplastin time	85730	<b>GYN</b>		Type & Screen	
Lithium	80178	D-Dimer	85380	Chlamydia/ GC by PCR	87800	Transfuse # Pack Cells	
Phenytoin / Dilantin	80185	Bleeding Time	85002			Date of Transfusion:	
Valproic Acid (Depakote)	80164	Thrombotic Risk Inherited	multiple			Rhogam	
Vancomycin, Peak or Trough	80202	Thrombotic Risk Acquired	multiple				

Additional Tests	Additional Diagnoses
10/1/15 RB	Collectors initials
	Collection date
	Collection time