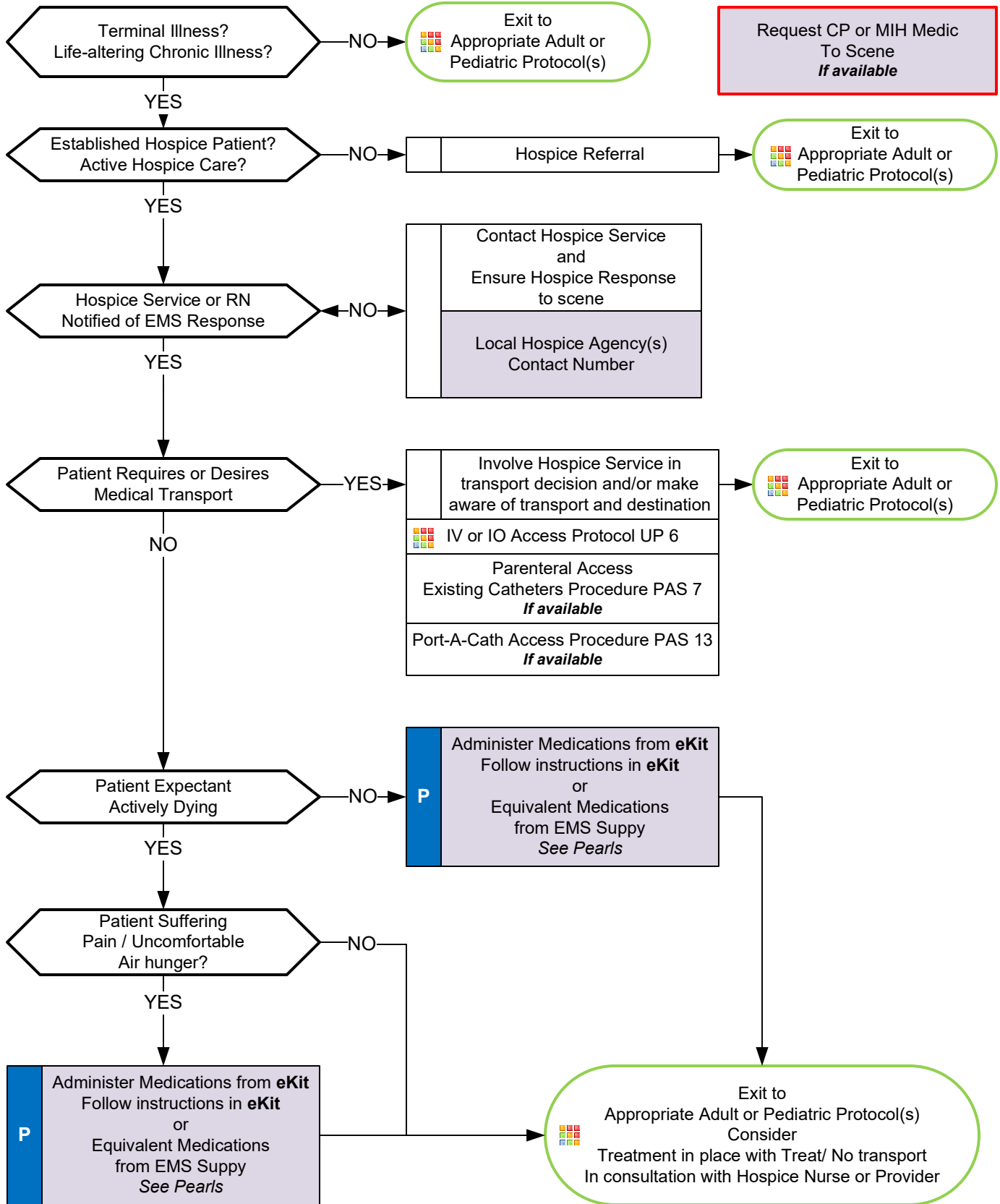




# Hospice or Palliative Care Patient (Optional)



Request CP or MIH Medic To Scene *If available*

Exit to Appropriate Adult or Pediatric Protocol(s)

Contact Hospice Service and Ensure Hospice Response to scene  
Local Hospice Agency(s) Contact Number

Exit to Appropriate Adult or Pediatric Protocol(s)

Involve Hospice Service in transport decision and/or make aware of transport and destination  
IV or IO Access Protocol UP 6  
Parenteral Access Existing Catheters Procedure PAS 7 *If available*  
Port-A-Cath Access Procedure PAS 13 *If available*

**P** Administer Medications from eKit Follow instructions in eKit or Equivalent Medications from EMS Supply See Pearls

Exit to Appropriate Adult or Pediatric Protocol(s) Consider Treatment in place with Treat/ No transport In consultation with Hospice Nurse or Provider



# Hospice or Palliative Care Patient (Optional)

## Acute Pain / Air Hunger:

Severity	Medication		
	Morphine (IV/IM/SQ)	Dilaudid (IV/IM/SQ)	Fentanyl (IV/IM/SQ)
Mild	2 mg	0.5 mg	25 mcg
Moderate	4 mg	1 mg	50 mcg
Severe	8 mg	2 mg	100 mcg
Titration	2 mg q 15 minutes IV	0.5 mg q 15 minutes IV	25 mcg q 15 minutes IV

**Due to pain associated with IM injection, IM administration should only be used if alternative medications or routes of administration are not available. PICC lines may be accessed for use by EMS with sterile techniques. May access port-a-cath if appropriate equipment is available and provider is trained.**

If using IM or SQ injections, delay repeat dosing by 30 minutes to prevent dose stacking.

### Consider using moderate / severe dose in opiate tolerant patients:

Opiate tolerant patients have typical daily dose of narcotic is equivalent to  $\geq 60$  mg of oral Morphine per day (60 OME (Oral Morphine Equivalents)).

### Examples of opiate dosages equivalent to 60 mg of oral Morphine:

40 mg/day of Oxycodone	60 mg/day Hydrocodone
25 mcg/hr Fentanyl Transdermal	15 mg/day of Methadone
200 mg/day of Tapentadol	16 mg/day of Oxymorphone
Suboxone	

Consider total use of multiple types of opiates. If in doubt about the patient's level of opiate tolerance, or amount of total daily opiate use, treat with a lower initial dose of opiate.

## Anxiety / Agitation:

Severity	Medication			
	Ativan (IV/IM/SQ)	Versed (IV/IM/SQ)	Valium (IV/IM/SQ)	Haldol (IV/IM/SQ)
Mild / Moderate	0.5 mg	1 mg	2 mg	2 mg
Severe	1 mg	2 mg	5 mg	4 mg

May repeat dose in 15 minutes for IV administration, or 30 minutes for IM or SQ injections.

## Nausea / Vomiting:

Zofran IV / IM	Phenergan IV / IM	Haldol IV / IM / SQ	Ativan IV / IM / SQ
4 mg	25 mg	2 mg	0.5 mg

## Pearls

- **MOST form Section A and DNR forms are equivalent – if valid, Do Not Resuscitate.**
- **MOST form and DNR forms may be revoked by Health Care Power of Attorney or other appropriate surrogate decision-makers.**
- Palliative care is specialized care for patients with a chronic and/ or terminal illness which focuses on managing symptoms exacerbation and the stress of illness.
- Hospice care is specialized care (similar to palliative care) for patients within the last 6 months of life.
- Hospice patient may not have a DNR or MOST form completed and still be enrolled in Hospice care.
- **Emergency Kits (eKit):**  
May be given to patient by Hospice to use at home for acute symptom exacerbation. Each eKit is individualized and will be different for each patient, but typically addresses pain, nausea/ vomiting, anxiety, and/ or secretions. (EMS is able to administer if within provider's scope of practice.)
- **Interaction on-scene with Hospice personnel:**  
Hospice nurses are valuable resources in helping patients/ families make care/ transport decisions. EMS should discuss care/ transport decision with Hospice nurse. After medication administration, if no transport occurs, care may be transferred to Hospice nurse.