## Palliative Care Orders for Withdrawal of Mechanical Ventilation

### Step 1
**Decision and Documentation:**
1. DNR order completed and in chart.
2. Withdrawal of life support measures documented in chart.
3. Contact Life Point as per policy.
4. Consult Palliative care Medicine, for assistance if not already involved, but care will continue based on the following orders.

### Step 2
**General Care Issues:**
1. Liberalize visitation and allow time for cultural rituals.
2. Discontinue all imaging, laboratory studies, ancillary therapies and any monitoring not necessary for providing patient comfort.
3. Place monitor in comfort care mode.
4. Remove all devices not needed for patient comfort from the room.

### Step 3
**Preparation for Withdrawal of Mechanical Ventilation**
1. Provide information/education to family concerning:
   - Who can be present
   - Potential Outcomes
   - Process of withdrawal
   - Chaplain availability
2. Notify Respiratory Therapy
4. Discontinue all vasopressors
5. Discontinue all enteral feedings
6. Discontinue all renal replacement therapy
7. Ensure IV access, for symptom control.

### Step 4
**Breathing Challenge:**
1. Have analgesic and anxiolytic medications available (refer Step 6)
   - Wean off Propofol. Assess signs of distress/anxiety and titrate IV medications to state of comfort.
2. Change ventilator mode to PS 10 without rate, Peep 0-5 and FiO₂ 0.4. For 10-20 minutes.
3. Assess signs of sedation/comfort/distress and titrate IV medications to a state of comfort and sedation prior to removal of ventilation

### Step 5
**Removal of Mechanical Ventilation:**
1. **When family and physician in agreement & ready:**
   - Place patient on T-piece and remove ventilator from bedside.
   - Extubate and remove ventilator from bedside
2. Provide oxygen for patient comfort as desired.
3. Observe for signs of respiratory distress and titrate medications to a state of comfort.

### Step 6
**Medications:**
1. Morphine 5 to 10 mg IV every 5 minutes PRN dyspnea or pain
2. Lorazepam 1 to 2 mg IV every 60 minutes PRN agitation or anxiety
3. Other: ____________________________

**Transfer:**
1. Consider transfer to non-ICU bed at request of family or if vital signs remain stable.

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**Physician Signature** ____________________________  **Date** __________  **Time** __________

Revised: 3/11