# Standardized WLSM order set

**Preparing for withdrawal of life-sustaining measures (WLSM)**

[x]  Notify organ donation organization (ODO) of plan to WLSM

[x]  Arrange private space for patient and family members, if available

[x]  Liberalize visitation

[x]  Consult Spiritual Care/Social Work (if desired by patient or substitute decision maker)

[x]  Discontinue all previous enteral feeds, medications (except vasoactive and those for pain and symptom management), maintenance IV fluids, blood work, dialysis, and radiographs

[x]  Discontinue routine vital sign monitoring

[x]  Discontinue neuromuscular blockade (if neuromuscular blocking agents have been used in the past 4 hours, assess train-of-four. If train-of-four is <4/4, consider delaying WLSM or use a modified ventilator weaning)

[x]  Confirm do not resuscitate orders are documented

**Pharmaceutical management of distress**

**Pain and dyspnea**

[ ]  **MOR**phine 100 mg in 100 mL 0.9% NaCl infusion at \_\_\_\_\_\_ mg/h

 [ ]  For pain or dyspnea, give additional **MOR**phine IV bolus of \_\_\_\_\_\_ mg q15 minutes PRN

(suggest: 2 mg if opioid-naïve or 2x the hourly infusion rate if already receiving a morphine infusion)

 [ ]  If patient receives more than 2 boluses in one hour, THEN start an infusion at 2 mg/h or double the current infusion rate. Adjust the bolus dose to 2x the hourly rate.

 [ ]  If the pain or dyspnea persists, notify MD

[ ]  fenta**NYL** 1,000 mcg in 100 mL 0.9% NaCl infusion at \_\_\_\_\_\_ mcg/h

[ ]  For pain or dyspnea, give additional fenta**NYL** IV bolus of \_\_\_\_\_\_ mcg q5 minutes PRN

(suggest: 25 mcg if opioid-naïve or 1x the hourly infusion rate if already receiving a fentanyl infusion)

[ ]  If patient receives more than 2 boluses in one hour, THEN start an infusion at 50 mcg/h or double the current infusion rate. Adjust the bolus dose to 1x the hourly rate.

[ ]  If the pain of dyspnea persists, notify MD

[x]  Document on WLSM Documentation Tool (heart rate, respiratory rate and signs and/or symptoms of pain or dyspnea when providing a bolus or adjusting the infusion rate)

**Anxiety and agitation**

[x]  Optimize analgesia prior to adjusting sedation

[ ]  Midazolam 100 mg in 100 mL 0.9% NaCl infusion at \_\_\_\_\_\_ mg/h

(use current dose if patient is already receiving midazolam, but patient may not require sedation)

[ ]  For signs of anxiety or distress, give additional midazolam IV bolus equal to the hourly dose (suggest: 2 mg for patients not receiving an infusion) given q5 minutes PRN

[ ]  If the patient receives more than 2 boluses in one hour, THEN start an infusion at 2 mg/h or double the current infusion rate

[ ]  If the anxiety or agitation persists, notify MD

[ ]  Propofol 10 mg/mL premixed vial, infusion at \_\_\_\_\_\_ mg/kg/h

(use current dose if patient is already receiving propofol, but patient may not require sedation)

[ ]  For signs of anxiety or distress, give additional propofol IV bolus (suggest: 10-20 mg for patients not receiving an infusion) given q5 minutes PRN

[ ]  If the patient receives more than 2 boluses in one hour, THEN start an infusion at 0.5 mg/kg/h or double the current infusion rate

[ ]  If the anxiety or agitation persists, notify MD

[x]  Document Richmond Agitation-Sedation Scale (RASS) score and assess for signs and/or symptoms of anxiety pre and post each bolus dose or rate adjustment

**Additional medications**

[ ]  Metoclopramide 10 mg IV q6h PRN for nausea

[ ]  Glycopyrrolate 0.4 mg IV q4h PRN for oral secretions

**Withdrawal of physiologic support**

**When the family is ready for withdrawal of life support:**

[x]  Deactivate defibrillator and discontinue transvenous or transcutaneous cardiac pacing

[x]  Deactivate mechanical hemodynamic support, aortic balloon pump, ventricular assist device, ECMO

[x]  Discontinue all vasoactive medications

**When the patient is unresponsive to verbal stimuli (RASS -4 or -5) and signs of respiratory distress (accessory muscle use, tachypnea, nasal flaring) are managed:**

[x]  Discontinue respiratory support

***For patients mechanically ventilated:***

 [ ]  RRT to discontinue mechanical ventilation. Choose one of the following options:

[ ]  Rapidly wean ventilator to FiO2 0.21l, PEEP 5cm H20, PS 5cm H20. If patient is comfortable on minimal settings for 5 minutes, extubate to room air.

[ ]  Extubate to room air

 [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For patients on non-invasive ventilation or oxygen therapy:***

 [ ]  RRT to discontinue non-invasive ventilation or oxygen therapy and place on room air