# Standardized WLSM order set

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

Notify organ donation organization (ODO) of plan to WLSM

Arrange private space for patient and family members, if available

Liberalize visitation

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

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

Discontinue routine vital sign monitoring

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)

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

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**

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

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:**

Deactivate defibrillator and discontinue transvenous or transcutaneous cardiac pacing

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

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:**

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