

MAGIC Alliance for Clinical Excellence (ACE) Updates to Standing House Orders 2023

We are pleased to share the 2023 MAGIC ACE Standing House Orders. Changes to the 2023 orders are outlined below.

Updated language for the intro: The following standing orders are applicable for patients in skilled nursing facilities, including Long-Term Care facilities (LTC) and Transitional Care Units (TCU) or short-stay patients. These orders have been compiled by a professional group of clinicians who are members of MAGIC. The medical director of each facility in coordination with the facility clinical leaders will review and approve these standing house orders.

Admission to Facility

- Long-Term Care:
 - Obtain weekly vital signs (TPR, BP, O2, weight) for four weeks, then monthly thereafter unless directed otherwise [Combined VS with weight to make consistent with weights at weekly x 4 weeks then monthly thereafter]
- Orthostatic BP, HR upon admission and monthly for patients on antipsychotic medications [NEW]

Diet

- When specific diet orders are not present, the nurse or dietitian may initiate a diet that conforms to the facility's dietary options and best meets the patient's needs. If there are questions or concerns with initiating an appropriate diet, call the provider to clarify. [NEW]
- For occluded G-tubes, may use a G-tube declogger device or proceed with facility protocol [below section updated with more detailed instructions and changed uncoated pancreatic enzyme tablet from two to one tab]
 - Instill warm water into the enteral access device (EAD) using a 30- or 60-mL syringe, and apply a gentle back-and-forth motion with the plunger of the syringe
 - If water flush does not resolve the clog, use an uncoated pancreatic enzyme solution by crushing one [PREVIOUSLY 2 TABS] uncoated pancreatic enzyme tablet and one 325-mg sodium bicarbonate tablet mixed in 5 mL of water. The solution should be introduced to the clog and clamp the feeding tube for at least 30 minutes. If the clog is not cleared within 30 minutes, the solution should be removed from the tube and replaced with a fresh mixture.
 - If water flush does not resolve the clog, use an enzyme containing declogging kit or mechanical declogging device.

Medications

- Initiate self-administration of medication (SAM) evaluation after patient expresses desire to self-administer their medications [added verbiage] and demonstrates ability to safely self-administer specific medication(s)

Bladder [changed timeframe from q 6 hours to q 8 hours to be consistent with clinical practice]

- If there are orders to remove a Foley catheter, use the following protocol after removing the catheter [sections with adjustments]:
 - Assess voiding q 8 hours with bladder scan or history x 24 hours
 - Straight catheterize q 8 hours prn for post void residual > 250 mL on bladder scan, no voiding in 8 hours, full bladder on palpation, or if the patient is uncomfortable
 - If requiring straight cath x 3 in 24 hours, replace foley catheter and notify provider next business day. [ADDED BACK INTO SHO]
 - If requiring straight cath 1-2x in 24 hours or if persistent urinary symptoms, continue to assess voiding q 8 hours with bladder scan x 24 hours, and notify provider next business day. [NEW]

Skin and Wound Management

- If facility wound management process not available:
 - Assess wound and/or dressing daily, and complete wound measurements with dressing changes [NEW]

ADDED 3 DAY TIMEFRAME TO THE FOLLOWING MEDICATIONS:

If a longer duration is desired, the order needs to be given by the provider.

Comfort

- Acetaminophen 650 mg PO q 6 hours prn for pain/fever (acetaminophen not to exceed 3 grams per 24 hours) x 3 days. [Changed from q 4 hours to q 6 hours PRN for dosing to be consistent with max of 3 gm in 24 hours].
- Cepacol or therapeutic equivalent (regular or sugar free) 1 lozenge dissolved in mouth q 2 hours prn for sore throat x 3 days; contraindicated in dysphagia
- Cough Drop 1 lozenge dissolved in mouth q 2 hours PRN for cough x 3 days; contraindicated for dysphagia
- Preparation H or Anusol ointment (or therapeutic equivalent) per package instructions qid prn after bowel movement for hemorrhoid pain x 3 days
- Artificial tear formulation 2 drops qid prn to affected eye(s) x 3 days
- Anti-dandruff shampoo 2 days/week prn [changed from daily] for dry scalp if desired [added]

Respiratory

- Guaifenesin 400 mg PO q 4 hours prn (expectorant) x 3 days

Bowel: Constipation (Perform steps sequentially)

- Senna 2 tablets PO at HS prn x 3 days
- Bisacodyl suppository 10 mg PR daily prn x 3 days
- Reattempt Senna or Bisacodyl if no results after 24 hours and notify provider x 3 days

Indigestion

- Calcium carbonate 500 mg 1 tab PO (chewable) qid prn x 3 days or
- Liquid antacid (facility stock) 30 mL PO qid prn x 3 days

[NEW SECTION] Allergic and Anaphylactic Reactions:

Localized Allergic Reaction

- Symptoms may include localized skin reaction of itching, redness, urticaria (hives), and/or warmth.
- Management:
 1. Notify provider.
 2. Apply cold compress to specific site PRN.

Generalized Allergic Reaction

- Symptoms may include generalized itching, redness, urticaria (hives), skin warmth, sneezing, voice hoarseness, and/or headache.
- Management:
 1. Notify provider.
 2. Assess for angioedema, difficulty breathing, shock.
 3. Monitor BP, HR, O₂ sats.

Anaphylactic reaction

- Symptoms may include any of the following:
 - Angioedema: swelling of the lips, face, throat or tongue, lump or tightness in throat.
 - Difficulty breathing or inhaling, severe bronchospasm (wheezing).
 - Shock: tachycardia (rapid heart rate), tachypnea (rapid breathing), hypotension (systolic BP < 90).
 - May also include generalized allergic reaction symptoms (noted above).
- If angioedema, difficulty breathing, wheezing, or shock present:
 1. Call 911 and notify provider.
 2. Assess airway, breathing, circulation, and level of consciousness.
 3. Administer epinephrine: EpiPen 0.3 mg (patients >66 pounds) IM x 1; may repeat once after 5-15 minutes after 1st dose if symptoms are still present and EMS has not arrived.
 4. Administer Diphenhydramine (Benadryl) 25 mg po or IM x 1. Contact provider if repeat dosing is needed.
 5. Monitor patient closely until EMS arrives. Follow patient's resuscitation orders per POLST if necessary. Monitor pulse, BP, O₂ sats every 5 minutes.