

Palliative Symptom Relief Kit (SRK) Prescription – Hospice Palliative Care (HPC) Teams

POLICY

1. This is a Physician / Nurse Practitioner (NP) order to be implemented by a Registered Nurse (RN) / Registered Practical Nurse (RPN) when symptoms require urgent intervention to facilitate a comfortable home death.
2. The attending Physician/NP is to be **notified as soon as possible** regarding change in patient's condition and need for ongoing prescription(s).
3. DNR and plan for expected death should be in place.
4. Completed prescription to be FAXED back to Ontario Health atHome at 416-222-6517 or 905-952-2404

 Next day delivery, no additional nursing visit required
 Urgent delivery ASAP and nurse to visit to initiate medications

(Patient Last Name, First Name)

Date: _____ **DOB:** _____ **HCN:** _____
(dd-mmm-yyyy) (dd-mmm-yyyy) (Health Card Number and Version Code)

Address for Delivery: _____
City: _____ **Postal Code:** _____

<p><u>ANXIETY OR SEIZURE:</u></p> <input type="checkbox"/> Lorazepam tab 1 mg Dispense: 6 tabs PO (not Sublingual formulation) 0.5 mg – 1 mg tabs PO q2h PRN May crush or dissolve in water to put under tongue (Nurse must contact Physician/NP before initiating) <input type="checkbox"/> Midazolam 5 mg/mL injectable 1 mL amp – Limited Use 495 Dispense: 2 vials 1 mg – 2 mg Subcutaneous q1h PRN (1 mg = 0.2 mL)	<p><u>DELIRIUM OR NAUSEA:</u></p> <input type="checkbox"/> Olanzapine (Zyprexa Zydis) 5 mg Rapid Dissolve Tab Dispense: 5 tabs 5 mg PO once daily, placed on tongue <input type="checkbox"/> Haloperidol Injectable 5 mg/mL Dispense: 3 amps of 5 mg 1 mg Subcutaneous q1h until settled (1 mg = 0.2 mL) OR (Nurse must contact Physician/NP before initiating) <input type="checkbox"/> Methotrimeprazine (Nozinan) 25 mg/mL Dispense: 3 amps 12.5 mg – 25 mg Subcutaneous q3h PRN (12.5 mg = 0.5 mL)
<p><u>EXCESS PULMONARY SECRETIONS:</u></p> <input type="checkbox"/> Atropine 1 % Eye Drops Dispense: 5 mL 2 drops Sublingual or Buccal q3h PRN <input type="checkbox"/> Scopolamine 0.4 mg/mL injectable 1 mL – Limited Use 481 Dispense: 3 vials 0.4 mg Subcutaneous q3h PRN OR <input type="checkbox"/> Glycopyrrolate 0.2 mg / mL injectable 1 mL – Limited Use 481 Dispense: 3 vials 0.2 mg subcutaneous q4h PRN	<p><u>PAIN AND/OR SHORTNESS OF BREATH: CHOOSE ONLY ONE OPIOID</u></p> <input type="checkbox"/> Hydromorphone (Dilaudid) Injectable 2 mg/mL Dispense: 3 amps Opioid naïve patients with moderate to severe pain or dyspnea usually require 1 mg Subcutaneous q1h PRN (Contact the Physician/NP for increased dosing if symptoms are unmanaged) (1 mg = 0.5 mL) use 1 mL syringe with needle <input type="checkbox"/> Morphine Injectable 15 mg/mL Dispense: 3 amps Opioid naïve patients with moderate to severe pain or dyspnea require 3 mg Subcutaneous q1h PRN (Contact the Physician/NP for increased dosing if symptoms are unmanaged) (3 mg = 0.2 mL) use 1 mL syringe with needle
<p><u>FEVER GREATER THAN 38.0 CELSIUS:</u></p> <input type="checkbox"/> Acetaminophen 650 mg 1 suppository rectally q4-6 hours PRN Dispense: 2 suppositories	

For Physician/NP information: If patient is already on oral Hydromorphone/Morphine, to convert from patient's usual dose, **take daily dose** and calculate half to give total parenteral daily dose. Parenteral daily dose should be divided up over 24 hours to calculate an hourly dosage.

ADDITIONAL MEDICATIONS:

****Note: Nurse to use a separate butterfly for each medication and label. Nurse to begin with lowest dose first.**

 INSERT INDWELLING FOLEY CATHETER PRN

FOLEY CATHETER KIT: Size 14 Size 16

SUPPLIES: All required supplies for medications will be included

Physician/NP Contact Information:

(Office) _____ (Pager) _____ (Cell) _____ (Fax) _____

(Physician/NP Signature) _____ (Print Physician/NP Name) _____ (CPSO#/CNO#) _____