

Palliative Symptom Management Kit Guidelines

October 12, 2021

Version.1.3



**Ontario
Health atHome**

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Preamble

The purpose of a Symptom Management Kit (SMK) is the management of rapid-onset, unanticipated symptoms at end of life. The medication content of the kit is limited to support a short duration of symptom management (24 -72 hours) until further medications are ordered. The presence of an SMK in the home, does not replace the health care professional's responsibility for ongoing patient assessment, planning and anticipatory symptom management.

This guideline was created using best practice and framework shared by Waterloo Wellington Integrated Palliative Care Program.

Description of Symptom Management Kit Process

Assessing for Appropriateness

The RPN/RN/NP/MD or Community Care Coordinator (CCC):

- Identifies potential for sudden change in symptoms at home and/or may require an alternative route of administration
- Consults with the care team to determine appropriateness of an SMK in the home (i.e. goals of care, risk factors, informal and formal support in the home)

SMK is **not** appropriate if:

- Opioids in the home pose an actual safety risk (diversion), unless risk mitigation plan is possible
- Patient and/or caregivers are NOT able to be taught medication administration and document accurately on the Medication Administration Record (MAR)

Note: Consider alternatives to SMK e.g. alternate setting, additional in-home support, risk mitigation possibilities.

SMK is appropriate if:

- There is a palliative approach to care and clear goals of care. Expected Death in the Home (EDITH)
- Anticipated or actual decline in client condition
- Palliative Performance Scale (PPS) 40 (as a recommended guideline)
- Client is receiving Home and Community Care service
- Patient and/or caregivers are able to be taught medication administration and document appropriately on the MAR

Implementation

It is important to order the SMK with adequate time to allow for mixing and delivering of medications/supplies. Some geographical locations may require 72 hours or more to deliver supplies.

1. Care team, in partnership with patient/family, determine appropriateness of kit
2. MD/NP writes SMK order or corresponding nursing intervention order (as appropriate) and faxes to Home and Community Care as well as the dispensing pharmacy
3. MD/NP to mark *urgent*, if appropriate on fax
4. CCC shares order with pharmacy and nursing agency and phones the patient/family to support information regarding the SMK
5. CCC calls pharmacy to confirm script is received
6. Ontario Drug Benefit (ODB) is initiated as needed if not in place (please note: FNIHB Palliative Formulary covers the costs of medications if patient is serviced by Dilico and not HCC)
7. Care team provides patient/family education
8. Pharmacy/Shoppers to fill medication order and supplies – any changes to script based on availability of medications is communicated back to CCC
9. Kit is delivered or picked up by patient/family. In either case, signatures are required by the Pt./family if narcotics are included. The Pt./family will have to provide identification in accordance with Ontario's Narcotic Strategy under the Narcotics Safety and Awareness Act to receive the SMK as narcotics are included

Once SMK is in the Home:

1. RPN/RN/NP/MD will review paperwork to confirm contents of kit match existing orders
2. Explain purpose of SMK to patient and caregiver/family
3. Review with family where to store SMK
4. Ensure SMK orders are on patient chart
5. Place SMK in secure location, agreed upon by patient/caregiver. Location to be documented in the patient chart

Administering the Medication

Depending on the presenting symptom, the RPN/RN/NP/MD will select the appropriate medication from the SMK, and confirm with SMK order set. Contacts MD or NP for advice or if orders are not up-to-date or if there are concerns about proceeding

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Note : North West Regional Palliative Care Program 24/7 Palliative Care Consultation Phone Line is also available for support at **807-343-2476**

If the medication has a signed standard order:

1. Administer the medication as per SMK order set
2. Call MD/NP to inform of symptom assessment and SMK medication administration
3. If indicated, request a refill order to support symptom management

Note if Nursing service is being initiated with SMK orders, accompanying nursing orders on HCC order form are required

If the medication requires a “just-in-time” order:

1. Contact ‘Physician on Call’ or Primary Clinician involved in care with symptom assessment and request for medication order
2. Transcribe as per best practice
3. Administer medication as per MD/NP order
4. MD/NP faxes orders to CCC to be processed

Once an SMK medication is administered as ordered, the RPN/RN/NP/MD will:

1. Document on Medication Administration Record (MAR) and efficacy in record
2. Label each pre-drawn syringe. The practice of leaving unlabeled, pre-drawn syringes in a labelled cup is unsafe
3. Record pre-drawn medication on Service Provider Organization Pre-drawn Medication Record
4. Complete the SMK vial count record
5. Ensure medications are put back in predetermined location
6. Provide patient/caregiver with education on the use of the injectable medication and Patient/Caregiver MAR
7. Let care team members know of kit initiation with phone call/rounds/APR

Count/Discrepancy: the RPN/RN/NP/MD will:

1. Complete SMK medication count at every access of the kit
2. Complete SMK vial count record, counting all medications in the kit
3. Report SMK medication discrepancies, as per organizational policy including notification to CCC

Patient Dies or Is Transferred to Another Setting

- If patient is transferred to hospice, co-located hospice or hospital setting, the SMK is to be transferred with the patient
- If patient dies at home or in hospital or is transferred to another setting, medications are to be returned to pharmacy

Clinical Guidelines: Home and Community Care Support Services North West Palliative Symptom Management Kit

Kit is for emergency purposes only - Notify the Nurse Practitioner/Physician if any of the symptoms listed develop

Obtain specific orders for each patient

These guidelines are based on best practice evidence and are intended to support, not replace, clinical judgement. If you have any concerns regarding administering any of the medications, please contact your clinical supervisor.

Symptom/ Indication	Medications listed are suggested dose ranges
<p>Dyspnea and Anxiety related to Dyspnea</p>	<p>Call MD/NP for opioid orders to relieve discomfort of breathlessness</p> <p>Non-Pharmacologic: Open window, fan blowing air, quiet calm atmosphere. Consider oxygen therapy at low flow rate if person is hypoxic</p> <p>Pharmacologic: If patient is on opioids, give regular breakthrough doses to treat dyspnea</p> <p>If patient is opiate naïve: Morphine 1-2 mg subcut q1h prn HYDROmorphone 0.25-0.5 mg subcut q1h prn *Note: subcut dose = ½ short-acting oral dose</p> <p>COPD Considerations: Ensure bronchodilators and other concomitant therapies are maximized for effectiveness. Opioids are safe and effective so long as initiated with low doses and less frequently</p> <p>Heart Failure (HF) Considerations: Optimize HF treatments, including diuretics</p>

<p>Agitation/Delirium</p>	<p>Identify all possible causes: Rectal impaction, urinary retention, urinary tract infection, an increase in pain, medications (opioids, corticosteroids), metabolic derangements (diabetes, hypercalcemia), dehydration, hypoxia, infection and brain metastases.</p> <p>Treat the cause with consideration of goals of care.</p> <p>Non-Pharmacologic: Explain to the family that the symptoms are caused by the illness, are not within the patient’s control and will fluctuate. Encourage family members to provide gentle, repeated reassurance and avoid arguing with the patient. Provide a quiet calm environment.</p> <p>Pharmacologic: Identify the goal of treatment. The most commonly used medications to treat Agitation /Delirium are Methotrimeprazine (Nozinan) and Haloperidol (Haldol). Many clinicians may prefer to use Haldol as first line treatment as it is generally less sedating.</p> <p>Methotrimeprazine (Nozinan) to clear sensorium with some sedation Moderate Delirium: 6.25-12.5 mg subcut q 4-6 hr prn Severe Delirium: 12.5-25 mg subcut q 30 min prn</p> <p>Midazolam (Versed) if sedation is the primary goal and/or other treatments have failed. Severe Delirium: 1- 5 mg subcut q 30 min prn</p> <p>Haloperidol (Haldol) – not in SMK but is often ordered Moderate Delirium: 2mg subcut q1h prn ± 1 to 2 mg subcut BID to TID</p>
<p>Nausea</p>	<p>Non-Pharmacologic: Complete thorough assessment aimed at identifying the cause of the nausea and vomiting. Consider environmental modification to reduce strong smells and use air fresheners if tolerated. Maintain good oral hygiene, especially after episodes of vomiting.</p> <p>Pharmacologic: Metoclopramide - 10 mg subcut q 8 h prn</p>

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<p>Pain</p>	<p>Call for MD/NP to clarify order if needed</p> <p>Breakthrough dose is usually 10% of the total 24-hour dose administered q1-2 hours prn</p> <p>Non-Pharmacologic: Complete a thorough pain assessment and total use of analgesics in past 24 hours to facilitate orders</p>
	<p>Pharmacologic: If patient is <i>taking an opioid</i>, consider increasing dose 25% for pain crisis</p> <p>Morphine 2-5 subcut q 1-2 h PRN or HYDRMorphine: 0.5—1.0 mg subcut q 30 min PRN If</p> <p>the person is <i>opioid naïve</i>:</p> <p>Morphine 1-2 mg subcut q 1-2 h PRN or HYDRMorphine 0.25 – 0.5 mg</p>
<p>Seizure</p>	<p>Non-Pharmacologic: During a seizure, clear the area of hard or sharp objects to prevent injury. Maintain airway by lifting the patient’s chin. When seizure is over, position patient in a stable side position (recovery position) until he/she is alert. Keep calming environment for patient and family.</p> <p>Pharmacologic: notify physician or NP to arrange treatment</p> <ul style="list-style-type: none"> - Consider addition to kit if Pt has history of seizures-or is at high risk - phenobarbital/ Ativan
<p>Terminal secretions</p>	<p>Non-Pharmacologic: Repositioning (move the patient from supine to lateral recumbent with head slightly raised). Periodic mouth care should be done for comfort. Counsel family that the rattling is normal at this stage.</p> <p>Pharmacologic: Anti-cholinergic medications are effective in reducing both saliva and mucus production. They should be used at the first sign of symptomatic congestion as anti-cholinergic medications do not dry up secretions that are already present.</p> <p>Hyoscine Hydrobromide (Scopolamine) 0.3 – 0.6mg subcut q4-8h</p>

References

The Pallium Palliative Pocketbook: 2nd Cdn ed. Ottawa, Canada: Pallium Canada; 2016

Waterloo Wellington Integrated Hospice Palliative Care (April 2020) WW Symptom Response Kit (SRK) Guideline Retrieved from

[https://www.palliativecare.ca/Uploads/ContentDocuments/RefDoc%20%20Symptom%20Response%20Kit%20\(SRK\)_COVID19.pdf](https://www.palliativecare.ca/Uploads/ContentDocuments/RefDoc%20%20Symptom%20Response%20Kit%20(SRK)_COVID19.pdf)

Appendix 1 - Symptom Management Supply Kit Contents

(Indicated as SKU# IVK077 on order form)

Kit - Urgent Supply Management Kit (EOL)		
Qty	SKU	Description
1	IVK006	Kit - Subcutaneous Medication Kit
1	KMS035	Kit - Dressing "D" (Intermittent Cath)
1	CAT225	Night Drainage Bag with Hanger, 9/32" - Bard Brand - Mfg. Code 153504C(307)
1	CAT080	Foley Catheter, 100% Silicone, 2 Wa, 14Fr/5cc - Amsure Brand - Mfg. Code AS41014S(189)
1	SAC080	Subcut Set (Button) 27G x 1.2cm 24", Safety - Cleo 90 Brand - Mfg. Code 21-7230-24
	IVK006	Kit - Subcutaneous Medication Kit - contents
10	IVS020	Cannula, Vial Access interlink
10	IVS010	Cannula, blunt plastic interlink
1	DSS127	Dressing, Transparent 6cm x 7 cm Tegaderm
1	IVS045	Dressing, Transparent IV , 10cm x 12cm Opsite IV 300
1	SAC080	Sub Q set Button 27G x 1.2cm 24", safety Cleo 90
2	SOL042	NaCl 0.9% For injection, 10 ml
10	SAN017	Needle, RB 25G x 1", Safety
2	DSD195	Swab, Alcohol 70%
10	SYR015	Syringe, Luer Lock 3cc
10	SYR010	Syringe , Luer Lock 1cc
1	SAS025	Syringe, Tuberculin, with needle 27G x 0.5" x 1cc. Safety Bak Snap
2	IVS100	Towelette, Chlorhexadine 2% Isopropyl 70% -Solu-IV
1	OMS350	Biohazard Sharps Collector, Small Red - Sharps
2	IVS320	One link connector Baxter

Appendix 2 – Symptom Management Kit: Information Pamphlet for Patient/Family

Common Questions:	Responses:
Why is the kit necessary?	<p>The RPN/RN/NP/MD (palliative team) has assessed the contents of the kit are needed in your home in the event of a rapid change of condition where quick access to symptom management is essential to support the goals of care.</p> <p>The kit ensures medications are available when required to provide relief of symptoms and avoid unnecessary delays or emergency room visits.</p>
What is in it?	The kit contains injectable medications and medical supplies. The nurse requires a NP/MD order to use them.
Where does it come from?	Home and Community Care will provide the SMK to palliative patients living at home.
Do I have to pick it up?	<p>It will be delivered if required or can be picked up (discuss with Community Care Coordinator or Nurse).</p> <p>Please have identification available. The law requires that identification is provided to the pharmacy when narcotics are prescribed.</p>
Do I have to pay for it?	The kit is covered by your OHIP and Ontario Drug Benefit Plan or FNIHB Palliative Formulary.
Is it covered under private insurance?	If you have private insurance you may have opted out of the Ontario Drug Benefit Plan. Let your pharmacy and Community Care Coordinator know if any issues with medication coverage.
Will we have to use it?	Not necessarily. Using the kit will depend upon the presentation of any symptoms.

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Who can use it?	<p>If required, the community visiting nurse, nurse practitioner or physician may open it.</p> <p>Your nurse will contact your MD or NP to inform them of your symptoms.</p> <p>Calling your community visiting nurse with a change in symptoms is important in managing your care.</p>
Who checks on the kit?	<p>With each visit, the nurse will check:</p> <ul style="list-style-type: none">• SMK storage location• expiry date• appropriateness of medication orders
Disposal of the kit and unused medications	<p>The SMK is for the use of the designated patient only and should not be shared or kept for future use for any other persons.</p> <p>When the SMK is no longer needed, unused medications are to be returned to your pharmacy. Speak to your Home and Community Care Coordinator or Health Care Team if Pharmacy drop off is an issue.</p>
Contact Us	<p>If you have concerns about the safety of the medications within the SMK, please contact your health care team.</p>

Your health care team will be able to help if you need further information about the medications or your care plan. Please contact your community visiting nurse or Home and Community Care Coordinator if you have any questions.

Appendix 3 – Symptom Management Kit Order Form

<p>Home and Community Care Support Services North West 962 Abbey Drive Thunder Bay, ON P7B 5Z3 Services de soutien à domicile et en milieu communautaire Nord-Ouest 962, promenade Abbey Thunder Bay, ON P7B 5Z3</p>	Print Form Reset Form Save Form	Patient Name: _____ D.O.B.: _____ Address: _____ Allergies: _____ Phone #: _____ Health Card #: _____
	Palliative Symptom Management Kit Order Form	
	Pick Up <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Delivery <input type="checkbox"/>	
Deliver to: <input type="checkbox"/> Home <input type="checkbox"/> Other: _____ Patients preferred pharmacy for medications: _____ Date Sent: _____		
MD or NP NOTIFIED _____ SIGNATURE: _____ DATE KIT INITIATED: _____ DATE: _____		
Standard Symptom Relief Orders		
<input type="checkbox"/> Acetaminophen 650mg Supp. <input type="checkbox"/> Refill x Mitte: Suppositories Sig: Insert 1 suppository rectally Q4H PRN for temperature over 101 F (38.5 C)		
<input type="checkbox"/> Metoclopramide 10mg/2ml LU481 (pseudo DIN 09857224) <input type="checkbox"/> Refill x Mitte: vials Sig: Give 10mg subcut TID PRN for nausea and vomiting Consult Physician/NP if needing more than maximum daily dose 30mg		
<input type="checkbox"/> Methotrimeprazine (Nozinan) 25mg/ml <input type="checkbox"/> Refill x Mitte: Vials Sig: Give 5 - 10mg subcut q8h PRN for agitation, restlessness		
<input type="checkbox"/> Midazolam (Versed) 10mg/2ml LU495 <input type="checkbox"/> Refill x Mitte: Vials Sig: Give 1 - 2mg Q1h subcut PRN for agitation		
<input type="checkbox"/> Scopolamine 0.6mg/ml LU481(pseudo DIN 09857237) <input type="checkbox"/> Refill x Mitte: vials Sig: Give 0.3 - 0.6mg subcut q4-8h PRN for congestion or excessive secretions		
<input type="checkbox"/> Other (specify) _____ Mitte: _____ Dose: Give _____ q _____ h PRN for _____		
Please indicate your choice of Opioid by checking the box		
<input type="checkbox"/> Morphine 10mg/ml Code(LU) 481 Mitte: ampoules (5 q2days) Dose: Give _____ mg subcut q1-2h PRN for relief of pain or dyspnea		
<input type="checkbox"/> Hydromorphone 2mg/ml Mitte: ampoules (5 q2days)		
<input type="checkbox"/> Hydromorphone 10mg/ml Mitte: ampoules (5 q2days) Dose: Give _____ mg subcut q1-2h PRN for relief of pain or dyspnea		
<input type="checkbox"/> Other (specify) _____ Mitte: _____ Dose: Give _____ mg q _____ h PRN for pain		
<input type="checkbox"/> Insert Foley Catheter as necessary for urinary retention/patient comfort		
<input type="checkbox"/> Supplies: Symptom Management Kit SKU # IVK077 CONTENTS LISTED ON REVERSE		
Symptom Management Kit Procedure: Home and Community Care Support Services North West		
1. The nurse practitioner/physician completes the order form and faxes to Home and Community Care Support Services North West regional office site (see next page) and to local dispensing pharmacy. 2. The Home and Community Care Support Services North West Reception forwards the form to the appropriate Care Coordinator who processes the request and orders supplies as indicated. 3. Medications are dispensed by the local pharmacy. Supplies dispensed by Shoppers Drug Mart via the usual process 4. The above medications are all covered through ODB and there should be no charge to the patient.		
Resource and Support		
Home and Community Care Support Services North West Regional Palliative Care Program 24/7 Palliative Care Consultation Phone Line if any questions call... (807) 343-2476		
Prescriber Information		
Physician / Nurse Practitioner Signature _____		Date _____
Printed Name _____	CPSO Number/ CNO Number _____	Telephone _____

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1	DSS127	Dressing, Transparent 6cm x 7 cm Tegaderm
1	IVS045	Dressing, Transparent IV , 10cm x 12cm Opsite IV 300
1	SAC080	Sub Q set Button 27G x 1.2cm 24", safety Cleo 90
2	SOL042	NaCl 0.9% For injection, 10 ml
10	SAN017	Needle, RB 25G x 1", Safety
2	DSD195	Swab, Alcohol 70%
10	SYR015	Syringe, Luer Lock 3cc
10	SYR010	Syringe , Luer Lock 1cc
1	SAS025	Syringe, Tuberculin, with needle 27G x 0.5" x 1cc. Safety Bak Snap
2	IVS100	Towelette, Chlorhexadine 2% Isopropyl 70% -Solu-IV
1	OMS350	Biohazard Sharps Collector, Small Red - Sharps
2	IVS320	One link connector Baxter

Home and Community Care Support Services North West: Contact Numbers

Thunder Bay

Tel: 1-807-345-7339
Fax: 1-807-346-4625

Geraldton

Tel: 1-807-854-2292
Fax: 1-807-854-1805

Marathon

Tel: 1-807-229-8627
Fax: 1-807-229-8628

Dryden

Tel: 1-807-223-5948
Fax: 1-807-223-3943

Kenora

Tel: 1-807-467-4757
Fax: 1-807-468-1437

Fort Frances

Tel: 1-807-274-8561
Fax: 1-807-274-0844

Sioux Lookout

Tel: 1-807-737-2349
Fax: 1-807-737-3017

Red Lake

Tel: 1-807-727-3455
Fax: 1-807-727-2484

Atikokan

Tel: 1-807-597-2159
Fax: 1-807-597-6760

Rainy River

Tel: 1-807-852-3955
Fax: 1-807-852-1077

Nipigon

Tel: 1-807-887-5862
Fax: 1-807-887-1184

Home and Community Care Support Services North West (Head Office)

961 Alloy Dr. Thunder Bay, ON P7B 5Z8
Phone: 807-345-7339 | Toll-free: 1-800-626-5406
Fax: 807-346-4625

Exceptional care – wherever you call home.

Ontario Health atHome coordinates in-home and community-based care for thousands of patients across the province every day.

For information and referrals related to home and community care or to learn more about long-term care home placement services, please call 310-2222. No area code is required.

www.ontariohealthathome.ca



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