

## Symptom Response Kit for End-of-Life Order Form

Please fax your completed form to the appropriate Ontario Health atHome branch:

**Central East:** 1-855-352-2555

**Champlain:** 1-800-373-4945

**South East:** 1-866-839-7299

Timing and placement of the Symptom Response Kit (SRK) requires careful consideration (i.e. prognosis is less than six months; patient expected to deteriorate quickly) with goal of avoiding emergency room visit or hospital admission. Medications in the SRK will expire; therefore, will need to be reviewed and reordered by the physician/Nurse Practitioner (NP) if it remains appropriate. Consider reviewing goals of care and expected home death protocols.

|  |  |                            |  |
|--|--|----------------------------|--|
| <b>Patient Name:</b>   |  | <b>Date of Birth:</b>      |  |
| <b>Address:</b>  |  | <b>City:</b>               |  |
| <b>Postal Code:</b>  |  | <b>Health Card Number:</b> |  |
| <b>Allergies:</b>  |  |                            |  |
| <b>Prescriber:</b> Select which medications are to be included in the SRK by placing your initials in the column to the left of the medication. For each medication selected, complete the specific order portion found along the row selected.<br><b>Please be mindful that all selected medications will be dispensed, keeping in mind the need to minimize waste.</b> |  |                            |  |

Nurse to contact prescriber prior to initiating SRK?    YES    NO

If **yes**, ensure 24-hour contact information available. If **no**, nurse to contact MRP as soon as possible once SRK initiated to confirm opioid dosing and ongoing medication management.

### Select Opioid(s)

| Indication |         | Initial | Medication (OPIOIDS) | Concentration | Route  | Dose/Frequency |         | Volume to Dispense | ODB/ Limited Use Code |
|------------|---------|---------|----------------------|---------------|--------|----------------|---------|--------------------|-----------------------|
| Pain       | Dyspnea |         |                      |               |        |                |         |                    |                       |
| ✓          | ✓       |         | Morphine             | 2mg/ml        | Subcut | mg             | q1h PRN | 5 mL               | 481                   |
| ✓          | ✓       |         | Morphine             | 10mg/ml       | Subcut | mg             | q1h PRN | 5 mL               | 481                   |
| ✓          | ✓       |         | Hydromorphone        | 2mg/ml        | Subcut | mg             | q1h PRN | 5 mL               | ODB                   |
| ✓          | ✓       |         | Hydromorphone        | 10mg/ml       | Subcut | mg             | q1h PRN | 5 mL               | ODB                   |

### Select Medication(s) for Other Symptom Management

| Indication               |                    |                 |         |         | Initial | Medication               | Concentration           | Route         | Dose/Range/ Frequency |         | Volume to Dispense | ODB/ Limited Use Code |
|--------------------------|--------------------|-----------------|---------|---------|---------|--------------------------|-------------------------|---------------|-----------------------|---------|--------------------|-----------------------|
| Oropharyngeal Secretions | Agitation/Delirium | Nausea/Vomiting | Anxiety | Dyspnea |         |                          |                         |               |                       |         |                    |                       |
| ✓                        |                    |                 |         |         |         | Scopolamine <u>OR</u>    | 0.4 mg/ml               | Subcut        | 0.4mg                 | q4h PRN | 6mL                | 481                   |
| ✓                        |                    |                 |         |         |         | Glycopyrrolate <u>OR</u> | 0.2 mg/ml               | Subcut        | 0.4mg                 | q2h PRN | 12mL               | 481                   |
| ✓                        |                    |                 |         |         |         | Atropine                 | 1% gtts;<br>1gtts=0.5mg | Buccal mucosa | 1-2 gtts              | q4h PRN | 5mL                | ODB                   |

**Prescriber Signature:** \_\_\_\_\_

|                      |                       |
|----------------------|-----------------------|
| <b>Patient Name:</b> | <b>Date of Birth:</b> |
|----------------------|-----------------------|

| Indication  |                    |                 |         |         | Initial   | Medication                              | Concentration | Route  | Dose/Range/<br>Frequency |   | Volume to Dispense | ODB/ Limited Use Code |
|---|--------------------|-----------------|---------|---------|---|---|---------------|--------|--------------------------|---|--------------------|-----------------------|
| Oropharyngeal Secretions  | Agitation/Delirium | Nausea/Vomiting | Anxiety | Dyspnea |   |   |               |        |                          |   |                    |                       |
|   | √                  | √               |         |         |   | Haloperidol                             | 5 mg/ml       | Subcut | mg                       | q4h PRN   | 5mL                | ODB                   |
|   | √                  |                 | √       | √       |   | Midazolam                               | 5 mg/ml       | Subcut | mg                       | q1h PRN   | 5mL                | 495                   |
|   | √                  | √               | √       | √       |   | Methotrimeprazine                       | 25 mg/ml      | Subcut | mg                       | q4h PRN   | 3mL                | ODB                   |
|   |                    | √               |         |         |   | Metoclopramide                          | 5 mg/ml       | Subcut | mg                       | q4h PRN   | 10mL               | 481                   |
| Acute Seizure/<br>Catastrophic Bleed<br><i>*If used contact MRP</i> |                    |                 |         |         |   | Midazolam                               | 5 mg/ml       | Subcut | mg                       | may repeat x1<br>after 5 min. if<br>crisis persists | 5mL                | 495                   |
| Other:  |                    |                 |         |         |   |   |               |        |                          |   |                    |                       |
| <b>Other Orders:</b>  |                    |                 |         |         | Insert foley catheter<br>(straight drainage PRN)* | Flush foley catheter and<br>change PRN* |               |        |                          | Insert subcutaneous line<br>PRN                     |                    |                       |

\* Care Coordinator will order foley catheter and catheter flushing supplies separately

|                         |  |                       |                   |                     |  |
|-------------------------|--|-----------------------|-------------------|---------------------|--|
| <b>Prescriber Name:</b> |  |                       | <b>Signature:</b> |                     |  |
| <b>Address:</b>         |  |                       |                   | <b>Date:</b>        |  |
| <b>CPSO#/REG#:</b>      |  | <b>Primary Phone:</b> |                   | <b>After-hours:</b> |  |
|                         |  |                       |                   | <b>Fax:</b>         |  |

|   |
|---|
| As of _____, _____ (Physician/NP Name) will be assuming the role of most responsible provider for this patient. They are aware a Symptom Response Kit has been requested. |
| <b>Physician/NP Name:</b>   |
| <b>Primary Phone:</b>   |
| <b>After-hours:</b>   |
| <b>Cell:</b>  |
| <b>Fax:</b>   |

**Note:** This form is **NOT TO BE USED FOR ORDERING PAIN PUMPS OR HYDRATION**. Supplies will be arranged by Care Coordinator.

Cancer Care Ontario Guides to Practice: <https://www.cancercare.on.ca/toolbox/symptools/>

| Opioid Medication           | Symptom(s) | Dosing Guidelines  |
|-----------------------------|------------|--|
| Morphine                    | Pain       | <b>Opioid Naïve Patient:</b> 1-2 mg q1hr subcut PRN - Start at a lower dose (e.g. 0.5-1mg) if patient is frail and/or has severe COPD<br><b>Patient on Opioids:</b> Subcut Dose = ½ oral dose. If on short acting divide dose by 2. If on 12 hour long acting divide total daily dose by 2, then by 6 to convert to q4hr regular dose  |
|                             | Dyspnea    | <b>Opioid Naïve Patient:</b> 0.5-1 mg subcut q1hr PRN  |
| Hydromorphone<br>(Dilaudid) | Pain       | <b>Opioid Naïve Patient:</b> 0.2- 0.5 mg q1hr subcut PRN - Start at a lower dose (e.g. 0.1-0.2 mg) if patient is frail and/or has severe COPD - Order concentration of 2mg/ml to obtain low doses<br><b>Patient on Opioids:</b> Subcut Dose = ½ oral dose. If on short acting divide dose by 2. If on 12 hour long acting divide total daily dose by 2, then by 6 to convert to q4hr regular dose <b>Note:</b> 1mg of Hydromorphone = 5mg Morphine |
|                             | Dyspnea    | <b>Opioid Naïve Patient:</b> 0.1-0.2 mg subcut q1hr PRN  |

| Medication                     | Symptom(s)                               | Dosing Guidelines  |
|--------------------------------|--|--|
| Haloperidol<br>(Haldol)        | Agitation/<br>Delirium                   | Starting dose: 0.5-1mg subcut q4hr PRN (once established). In the frail elderly, consider 0.25mg subcut q4hr PRN. <b>Note:</b> if not controlled, consider changing to another agent [i.e. Methotrimeprazine (Nozinan)]  |
|                                | Nausea/<br>Vomiting                      | Starting dose: 0.5-1mg subcut q4hr PRN (once established). <b>Note:</b> In most cases Metoclopramide is the drug of 1st choice for nausea and vomiting. If not available, use small dose of Haloperidol  |
| Methotrimeprazine<br>(Nozinan) | Agitation/Delirium                       | Starting dose: 2.5-5 mg subcut q4hr PRN  |
|                                | Nausea/<br>Vomiting/Anxiety/<br>Dyspnea  | 2.5-5mg subcut q4hr PRN<br><b>Note:</b> In most cases Metoclopramide is the drug of first choice for nausea and vomiting. If not available, may use Methotrimeprazine.   |
| Metoclopramide<br>(Maxeran)    | Nausea/<br>Vomiting/                     | 5mg subcut q4hr PRN<br><b>Note:</b> In most cases (not in complete bowel obstruction) Metoclopramide is the drug of first choice for nausea and vomiting. If not available, may use Haldol or Methotrimeprazine  |
| Midazolam<br>(Versed)          | Seizure                                  | 2-5mg STAT subcut: repeat every 5-10min PRN if seizure persists or sedation is not achieved, notify physician/NP as soon as able <b>Note:</b> Further doses could be administered if crisis persists and nurse is unable to reach physician/NP. Pre-drawn high dose Midazolam syringes should be stored separately from other medications and teaching should be provided to patients/families |
|                                | Catastrophic<br>bleed/<br>Dyspnea crisis | 5mg STAT subcut: repeat every 5-10min PRN if symptoms persist or sedation is not achieved, notify physician/NP as soon as able <b>Note:</b> Further doses could be administered if crisis persists and nurse is unable to reach physician/NP. Pre-drawn high dose Midazolam syringes should be stored separately from other medications and teaching should be provided to patients/families   |
|                                | Agitation/Delirium                       | Starting dose: 0.5mg subcut q1h PRN  |
|                                | Anxiety                                  | Starting dose: 0.5mg subcut q1h PRN  |
| Scopolamine                    | Oropharyngeal<br>Secretions              | Starting dose: 0.4mg subcut q4h PRN. Scopolamine is more sedating than Glycopyrrolate and may cause/increase delirium.   |
| Glycopyrrolate                 |  | Starting dose: 0.4mg subcut q2h PRN. Glycopyrrolate can sometimes be used for non-end-of-life secretion, but may need to be started at a lower dose (0.1-0.2mg).   |
| Atropine                       |  | Starting dose: 1-2 gtts q4h prn  |
| <b>For Consideration</b>       |  |  |
| Phenobarbital                  | Ongoing seizure management               | Weight based. May be used for seizure prophylaxis if oral route is lost. Limited Use Code 481.   |
| Dexamethasone                  | Multiple uses                            | Consider if patient currently taking oral Dexamethasone. Covered by ODB.   |
| Furosemide                     | Multiple uses                            | Consider if patient at-risk for flash pulmonary edema or severe decompensated heart failure when unable to take orally. Limited Use Code 481   |

*These dosing guidelines were established by a regional interdisciplinary group of practitioners. These guidelines are not a substitute for, and don't provide, medical advice. Any person using these guidelines is required to use independent clinical judgment consistent with their licensed/regulated scope of practice and in the context of individual clinical circumstances.*