

**Symptom Response Kit (SRK)
Prescription Form**

Name: _____

Delivery address: _____

HCN: _____

DOB: _____

Phone #: _____

*******Physician / Nurse Practitioner MUST CHECK EACH MEDICATION REQUESTED*******

ALLERGIES						
Symptom	g	DRUG	RECOMMENDED DOSING Physician/NP use ONLY	ORDER If no order nurse to call physician/NP	Quantity	Cov erag e
Anxiety Restlessness SOB		Lorazepam 1 mg tab	0.5 - 1 tab SL q 2-4 h PRN	____ tabs SL q ____ hr PRN May crush and dissolve in water to put under the tongue	24 tabs	ODB
Seizures		Lorazepam 1 mg tab	Lorazepam: 2 WUCB 1 mg lower labial frenulum) STAT then q 15 min x 1	____ tabs SL STAT then q 15 min x 1 PRN Pull down lower lip and place by frenulum	24 tabs or as ordered for anxiety	ODB
		Midazolam 5 mg/ P / (2L vials)	5.0 - 10 mg subcut q 15 min PRN	____ mg subcut q ____ min PRN x ____ doses	2 x 2 mL vials	LU : 495
Delirium ** nurse to assess using Delirium Screening Tool prior to giving medication		Haloperidol 5 mg/mL (1 P / amps)	Mild: 0 - 1 mg V X q 1 hr PRN 2 h PRN Moderate: 2 mg V X q 1 hr PRN	____ mg V X q ____ hr PRN	3 x 1 P amps	ODB
		Methotrimeprazin e 25 mg/ P / (1P amps)	Mild: 2.5 - 5 mg PO/ V X q 1 hr PRN Moderate: 5 - 12.5 mg PO/ V X q 1 hr PRN Severe: 12.5 - 25 mg V X q 1 hr PRN Repeat q30 min. up to 3 or 4	____ mg V X q ____ hr PRN	5 x 1 P amps	ODB
Nausea		Haloperidol 5 mg/ P / (1P / amps)	0.5 - 1 mg V X q 1 hr PRN	____ mg V X q ____ hr PRN	3 amps or as ordered for delirium	ODB
		Methotrimeprazin e 25 mg/ P / (1P amps)	2.5 - 5 mg PO/ V X q 1 hr PRN 12 hr PRN. May be titrated up to 5 - 12.5 mg PO/ V X q 1 hr PRN q 8 - 12 hours PRN	____ mg V X q ____ hr PRN	5 amps or as ordered for delirium	ODB
Excessive Pulmonary Secretions		Atropine 1% eye drops		1-2 drops SL or buccal q 4-6 hr PRN	1 x 5 P bottle	ODB
		Scopolamine 0.4 mg/ P / (1 P / vials)	0.4 mg V X q 4 hr PRN	____ mg V X q ____ hr PRN	5 x 1 P vials	LU: 481
		Glycopyrolate 0.2 mg/ P / (P / vials)	0.4 mg V X q 2 hr PRN	____ mg V X q ____ hr PRN	x P vials	LU: 481
Pain and/or Shortness of Breath - Choose one of:		Hydromorphone 2 mg/ P 1 (P amps) OR		____ mg V X q ____ hr PRN	5 x 1 P amps	ODB
		OR		____ mg subcut q ____ hr PRN	3 x 1 mL amps	ODB
		Morphine 15 mg/mL (1 mL amps)		____ mg subcut q ____ hr PRN	3 x 1 mL amps	ODB
If on PO Dex consider adding subcut OR as adjuvant analgesic		Dexamethason e 4 mg/mL	If on po then order PO dose as subcut For pain: 4 mg - 8 mg subcut	____ mg subcut q ____ hr PRN	2 x 5 mL	ODB
If at risk for terminal bleed consider adding		Midazolam 5 mg/mL	OD to TID 5 mg subcut q 10 min	5 mg subcut X 1 May repeat after 10 min X 1 if needed	2 vials or as ordered for seizures	LU: 495

MRP/NP signature

MRP/NP name

CPSO#/CNO#

Date (yyyy/mm/dd)

Office #

Pager #

Cell #

Fax #