

**HOME AND COMMUNITY CARE SUPPORT SERVICES ERIE ST. CLAIR  
SERVICES DE SOUTIEN A ET EN MILIEU COMMUNAUTAIRES ÉRIÉ ST-CLAIR**

**Symptom Response Kit (SRK) Medical Orders (Windsor)**

Home and Community Care Support Services Erie St. Clair end of life SRK is intended to facilitate timely access to a range of medications to relieve a client's symptoms in the home on an urgent basis; thereby; potentially avoiding an emergency department and/or acute care admission.

Name: _____	BRN: _____ <small>(HCCSS Use Only)</small>
Tx Address: _____	Phone No.: _____
DOB (dd/mm/yy): _____ HCN: _____ VC: _____ PPS: _____	
Primary Caregiver: _____	
Nursing Agency: _____ CCAC Caseload: _____	

**Check off authorized medication orders:**

**Pain:**

- Hydromorphone (2mg/ml) Injectable      Sig: \_\_\_\_\_ mg sc q \_\_\_\_\_ hr prn
- Hydromorphone (10mg/ml) Injectable      Sig: \_\_\_\_\_ mg sc q \_\_\_\_\_ hr prn
- Morphine (15mg/ml) Injectable              Sig: \_\_\_\_\_ mg sc q \_\_\_\_\_ hr prn
- Dexamethasone (4mg/ml)                      Sig: \_\_\_\_\_ mg sc q \_\_\_\_\_ hr prn

**Terminal Secretions:**

- Instill Atropine 1% gtts, 2-4 gtts q 2 hrs into buccal mucosa prn
- Scopolamine 0.3 - 0.6 mg sc qid prn

**Nausea:**

- 1<sup>st</sup> line: Haloperidol (5mg/ml) 0.5-1mg sc q 6 hrs
- 2<sup>nd</sup> line: Dexamethasone (4mg/ml)      Sig: \_\_\_\_\_ mg sc q \_\_\_\_\_ hr prn

**Generalized Seizures:**

- 1<sup>st</sup> line: Midazolam 5-10mg sc stat then q 30 min- prn
- 2<sup>nd</sup> line: Lorazepam 1mg po/sublingual      Sig: \_\_\_\_\_ mg po q \_\_\_\_\_ hr prn (oral tabs can be used sublingual if required)
- 3<sup>rd</sup> line: Diazepam(10mg/ml) Instill 2mls (20mg) per rectum stat or 5-10 mg IM

**Anxiety:**

- Lorazepam                                      Sig: \_\_\_\_\_ mg po q \_\_\_\_\_ hr prn (oral tabs can be used sublingual if required)
- Haloperidol (5mg/ml)                      Sig: \_\_\_\_\_ mg sc q \_\_\_\_\_ hr prn

**Breathlessness:**

- 1<sup>st</sup> Line: Hydromorphone (10mg/ml) Injectable      Sig: \_\_\_\_\_ mg sc q \_\_\_\_\_ hr prn
- 2<sup>nd</sup> line: Lorazepam                              Sig: \_\_\_\_\_ mg po q \_\_\_\_\_ hr prn (oral tabs can be used sublingual if required)

**Agitation/Delirium/Terminal Restlessness:**

- 1<sup>st</sup> line: Haloperidol (5mg/ml) 2.5-5mg sc q 4 hrs prn
- 2<sup>nd</sup> line: Methotrimeprazine (25mg/1ml) 6.25-25 mg sc q 4 hrs prn
- 3<sup>rd</sup> line: Midazolam (5mg/ml)      Rx: \_\_\_\_\_ mg sc q \_\_\_\_\_ hr prn (Suggested dose 1mg sq q 1 hr and titrate)

**Other:**

- Furosemide (10mg/ml) Rx: \_\_\_\_\_ mg sc q \_\_\_\_\_ hr prn for pulmonary edema
- Other: \_\_\_\_\_

**Please Note:**

- EOL orders for clients with PPS of 30% or less and client is unable to swallow oral medications
- Only administer medications that have been checked off by the health care provider**
- Contact health care provider if other symptom management medications required

\_\_\_\_\_  
**Physician / Health Care Provider Signature / Title**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**CPSO**

\_\_\_\_\_  
**Date (dd/mm/yy)**

**Fax signed SRK Medical Orders to Home and Community Care Support Services Erie St. Clair Intake at:**