

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

**POLICY** **APPENDIX 2 – HPC Teams for Ontario Health atHome Symptom Relief Kit**

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 416 222-6517 / 905 952-2404 **AND** the pharmacy; Calea 905-629-0123 or Ontario Medical Supply (OMS) 1-855-728-9552 (**Applicable pharmacy determined by Ontario Health atHome**)

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

_____ <i>(Patient Last Name, First Name)</i>			
<b>Date:</b> _____ <i>(dd-mmm-yyyy)</i>	<b>DOB:</b> _____ <i>(dd-mmm-yyyy)</i>	<b>HCN:</b> _____ <i>(Health Card Number and Version Code)</i>	
<b>Address for Delivery:</b> _____ _____ <b>City:</b> _____ <span style="float: right;"><b>Postal Code:</b> _____</span>			
<p><b><u>ANXIETY OR SEIZURE:</u></b></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 <b>(Nurse must contact Physician/NP before initiating)</b> <input type="checkbox"/> Midazolam 5 mg/mL injectable 1 mL amp – Limited Use <b>495</b> Dispense: 2 vials 1 mg – 2 mg Subcutaneous q1h PRN (1 mg = 0.2 mL)	<p><b><u>DELIRIUM OR NAUSEA:</u></b></p> <input type="checkbox"/> Olanzapine (Zyprexa Zydis) 5 mg Rapid Dissolve Tab Dispense: 5 tabs 5 mg PO once daily, placed on tongue		
<p><b><u>EXCESS PULMONARY SECRETIONS:</u></b></p> <input type="checkbox"/> Atropine 1 % Eye Drops Dispense: 5 mL 2 drops Sublingual or Buccal q3h PRN	<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) <b>OR</b> <b>(Nurse must contact Physician/NP before initiating)</b> <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)		
<input type="checkbox"/> Scopolamine 0.4 mg/mL injectable 1 mL – Limited Use <b>481</b> Dispense: 3 vials 0.4 mg Subcutaneous q3h PRN <b>OR</b> <input type="checkbox"/> Glycopyrrolate 0.2 mg / mL injectable 1 mL – Limited Use <b>481</b> Dispense: 3 vials 0.2 mg subcutaneous q4h PRN	<p><b><u>PAIN AND/OR SHORTNESS OF BREATH: CHOOSE ONLY ONE OPIOID</u></b></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 <b>(Contact the Physician/NP for increased dosing if symptoms are unmanaged)</b> (1 mg = 0.5 mL) use 1 mL syringe with needle		
<p><b><u>FEVER GREATER THAN 38.0 CELSIUS:</u></b></p> <input type="checkbox"/> Acetaminophen 650 mg 1 suppository rectally q4-6 hours PRN Dispense: 2 suppositories	<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 <b>(Contact the Physician/NP for increased dosing if symptoms are unmanaged)</b> (3 mg = 0.2 mL) use 1 mL syringe with needle		
<b>For Physician/NP information:</b> If patient is already on oral Hydromorphone/Morphine, to convert from patient's usual dose, <b>take daily dose</b> and calculate half to give total parenteral daily dose. Parenteral daily dose should be divided up over 24 hours to calculate an hourly dosage.			
<b>ADDITIONAL MEDICATIONS:</b> <b>**Note: Nurse to use a separate butterfly for each medication and label. Nurse to begin with lowest dose first.</b>			
<input type="checkbox"/> <b>INSERT INDWELLING FOLEY CATHETER PRN</b> <b>FOLEY CATHETER KIT:</b> <input type="checkbox"/> Size 14 <input type="checkbox"/> Size 16 <span style="float: right;"><b>SUPPLIES: All required supplies for medications will be included</b></span>			
<b>Physician/NP Contact Information:</b>			
_____ <i>(Office)</i>	_____ <i>(Pager)</i>	_____ <i>(Cell)</i>	_____ <i>(Fax)</i>
_____ <i>(Physician/NP Signature)</i>		_____ <i>(Print Physician/NP Name)</i>	
_____ <i>(CPSO#/CNO#)</i>			