

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

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

- 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.
- The attending Physician/NP is to be **notified as soon as possible** regarding change in patient's condition and need for ongoing prescription(s).
- DNR and plan for expected death should be in place.
- 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> _____		<b>Postal Code:</b> _____	
<u><b>ANXIETY OR SEIZURE:</b></u> <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)	<u><b>DELIRIUM OR NAUSEA:</b></u> <input type="checkbox"/> Olanzapine (Zyprexa Zydis) 5 mg Rapid Dissolve Tab Dispense: 5 tabs 5 mg PO once daily, placed on tongue  <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)		
<u><b>EXCESS PULMONARY SECRETIONS:</b></u> <input type="checkbox"/> Atropine 1 % Eye Drops Dispense: 5 mL 2 drops Sublingual or Buccal q3h PRN  <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	<u><b>PAIN AND/OR SHORTNESS OF BREATH: CHOOSE ONLY ONE OPIOID</b></u> <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  <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		
<u><b>FEVER GREATER THAN 38.0 CELSIUS:</b></u> <input type="checkbox"/> Acetaminophen 650 mg 1 suppository rectally q4-6 hours PRN Dispense: 2 suppositories			
<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			
<b>SUPPLIES: All required supplies for medications will be included</b>			
<b>Physician/NP Contact Information:</b> Ext. _____			
<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>