# Kapuskasing Branch SRK Order Form

Please sign below for the **ONE opioid**, and initial the remaining medications you want included in the kit.

***This form requires dosing, initials & signatures, identified by ✪***

Patient: _____

Address: _____

DOB: _____ Phone: _____

HC#_____

Allergies:_____

Only **ONE OPIOID** may be included in this kit, and a signature acts as a selection/authorization

| | DRUG *ODB approval may be required | MD/NP initials ✪ | Concentration | # amps # tablets | Orders (Notify MD if any of the medications are used) |
|---|---|---|---|---|---|
| | **Morphine** (DIN: 00850330) ✪ *Sign→* | ____ OR ____ | 15 mg/mL | 10 x 1mL amps | **Pain or Dyspnea** ✪ _____ mg sc q4h + _____ mg sc q1h prn |
| | **Hydromorphone** (DIN: 02145901) ✪ *Sign→* | ____ OR ____ | 2 mg/mL | 10 x 1mL amps | |
| | **Hydromorphone** (DIN: 02145928) ✪ *Sign→* | | 10 mg/mL | 10 x 1mL amps | |
| Secretions | Atropine Sulphate | | 1% drops 1 drop = 0.5mg | 1 x 5mL bottle | 1 drop sublingual q4h prn. If not effective 2 drops sublingual q4h prn |
| Secretions | Scopolamine Hydrobromide | (DIN: 02242810) LU: 481 | 0.4 mg/mL | 10 x 1mL amps | 0.4 mg sc q4h prn |
| Agitation / Nausea | Haloperidol (Haldol) | (DIN: 00808652) | 5 mg/mL | 5 x 1mL amps | **Mild Delirium/agitation:** Use when goal is to clear sensorium with minimal sedation. Give 0.5 mg - 2 mg sc q1h prn until delirium controlled; in frail elderly give 0.5 mg sc q1h prn When controlled, give 1 - 2 mg sc q6-8h prn If no response after 2nd dose, ***contact MD*** or go to Nozinan. **Nausea**: Give 0.5-1 mg sc q4h prn |
| Seizures | Diazepam (Valium) | (DIN: 00399728) LU: 481 | 5 mg/mL | 3 x 2mL amps | ✪ _____ mg per rectum once |
| Seizures | Midazolam (Versed) | LU: 495 | 5 mg/mL | 6 x 1 mL amps | Give 5 mg sc once. May repeat q20 minutes x3. ***Notify MD/NP if used.*** |
| Agitation (Sedation) | Midazolam (Versed) | (DIN: 02240286) LU: 495 | 5 mg/mL | 10 x 1 mL amps | ✪ _____ mg sc q4h + _____ mg sc q1h prn |
| Agitation (Sedation) | Methotrimeprazine (Nozinan) | | 25 mg/mL | 5 x 1mL amps | **Mild Delirium:** Give 6.25-12.5 mg sc q4-6h prn for delirium/agitation if goal is to clear sensorium and provide sedation **Moderate- Severe agitation:** Titrate to 25-50 mg sc q4-6h prn |
| | Dexamethasone (Decadron) | | 4 mg/mL | 3 x 5mL amp | ✪ _____ mg sc at (times): _____, _____, _____, _____. |

MD / NP Name (printed): _____

Contact Phone:_____ Fax:_____

Address: _____

**MD/NP Signature ✪** : _____

CPSO/CNO # _____ Date:_____

**Contact the MD/NP prior to administering any of the above medications**

**YES_____ NO_____**

**Procedure:**

1. **Place your initials** and ✪ dosing in the column of the table for any medications to be included in the SRK.
2. **Fax to Ontario Health at Home at** (705-267-7795)
3. **Fax to patient's participating pharmacy of choice:**
   i. Wal-Mart (855-983-1050)
   ii. Shopper's Drug Mart (705-337-1661)
   iii. Rexall (705-337-1877)
4. Family to pick-up SRK & Supplies at dispensing pharmacy.
5. **SRK is for short term use only**. Prescriptions must be sent for ongoing use for specific medications needed.