

# Symptom Relief Kit Order Form

(Section 16 Rx)



Physician Information			Patient Information		
First Name	Initial	Last Name	First Name	Initial	Last Name
Street #	Street Name		Address		
City		Postal Code	Gender Male    Female	Ontario Health Insurance Number	
Fax		Telephone	Date of Birth (YYYY/MM/DD)		

<b>Patient Diagnosis</b> Primary Diagnosis: _____ <input type="checkbox"/> This patient has a terminal illness and has chosen outpatient palliative treatment. Life expectancy is less than six months. The medications checked below are requested for symptom control for a maximum period of six months.
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## General Coverage Medications in Standard Symptom Relief Kit:

- Lorazepam 1 mg po tabs (given sublingually) ½ - 2 tabs po/sl q2h prn for agitation/anxiety and 2mg-5mg q5min for seizures (may crush and dissolve in water for s/l); Mtte: 10 tabs
- Haloperidol SC 5mg/mL for delirium/agitation: Give 2 mg (0.4 mL) sc q1h prn until controlled THEN 0.5mg-2 mg (0.1-0.4mL) sc q6-8h prn AND for Nausea: Give 0.5mg-2mg (0.1-0.4mL) q6-8h prn; Mtte: 5 amps
- Acetaminophen 650 mg Suppository. Insert 1 rectally q3-4 hrs prn for fever; Mtte: 4 Supp.
- Atropine 1% Eye Drops. Give 1 to 3 drops S/L q2-4h prn for congestion/secretions; Mtte: 5mL

## Limited Use Medications Included in Symptom Relief Kit

- Scopolamine SC 0.6mg/mL (DIN 02242811). Give 0.4 to 0.6 mg (0.7-1mL) sc q4h prn for terminal congestion or secretions; Mtte: 4 amps  
☐ LU Code: 481 for palliative care (**required for coverage - check off by physician**)
- ☐ Glycopyrrolate SC 0.2mg/mL (DIN 02382857). Give 0.1 to 0.4 mg (0.5-2mL) sc q2-4h prn for terminal congestion or secretions (or can give q6-8h ATC) (less sedating than scopolamine); Mtte: 3 X 2mL single-use vials  
☐ LU Code: 481 for palliative care (**required for coverage - check off by physician**)
- ☐ Midazolam SC 5mg/ml (DIN 02240286). Give 1 to 5 mg (0.2-1mL) sc q1h prn for agitation/anxiety; Mtte 5 X 1mL vials (**NOTE: Only provided if checked off**)  
☐ LU Code: 495 for intermittent (**required for coverage – check off by physician**)

## Section 16 Medications Included in Symptom Relief Kit

- Prochlorperazine 10mg Suppository (DIN 00789720). Insert 1 rectally q3-4hr prn for nausea and vomiting; Mtte: 5 supp
- Other (not included in kit): \_\_\_\_\_

*The signature below authorizes the order of the aforementioned medications for use in the symptom relief kits, including the application for Section 16 approval for the boxed-in medications, as well as the authorization for Robinson's Pharmasave to be the contact for this patient care (i.e. fax back of approval, order clarifications).*

<b>Please indicate which S/C pain medication of choice: *(Please see Guidelines for Elderly/Opioid Naïve Dosage Adj.)</b> <input type="checkbox"/> <b>Morphine</b> 10mg/mL: Give 2 to 10 mg (0.2-1 mL) sc q1h prn for emergency pain relief or dyspnea; <input type="checkbox"/> LU Code 481    Mtte: 10 X 1mL amps <input type="checkbox"/> <b>Hydromorphone</b> 10 mg/mL: Give 1 to 10 mg (0.1-1mL) sc q1h prn for emergency pain relief or dyspnea; Mtte 4 X 1mL vials
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Physicians Signature (Mandatory)

CPSO #

Date (DD/MM/YY)

- Please fax completed form to Robinson's Pharmasave
- North Bay Location (705) 495-4059 (Nipissing Region/Sturgeon Falls/Burk's Falls/New Liskeard)
- Sudbury Location (705) 560-6751 (Sudbury/Parry Sound/Port Loring)