

PALLIATIVE SYMPTOM RELIEF KIT PRESCRIBER ORDER FORM - Parry Sound

Surname: _____		First Name: _____	
CHRIS #: _____		Date of Birth (DD/MM/YYYY): _____	
<input type="text"/> 		<input type="text"/> 	
HCN: _____		Version Code _____	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name: _____	HCN: _____
DOB (DD/MM/YYYY): _____	Phone #: _____
Address: _____	
Allergies: _____	

ONLY a Ontario Health atHome Healthcare Provider may access kit for first dose. To be dispensed with Supply kit (SIV 0220).

Prescriber to check items to be dispensed in the kit:

<input type="checkbox"/> Lorazepam 1 mg tablets For anxiety or agitation, associated dyspnea give 1-2 tabs orally every 2 hours as needed. May crush, dissolve in water and put under tongue.	Qty: 8 tabs
<input type="checkbox"/> Olanzapine 5 mg ODT For confusion or agitation place 1 tab into mouth every 2 hours as needed. Max 3 doses/24 hours.	Qty: 3 tabs
<input type="checkbox"/> Haloperidol 5 mg/mL injectable For confusion or agitation inject 1-2 mg (0.2 – 0.4 mL) subcutaneously every 1 hour until controlled, then every 4 hours as needed. For nausea inject 0.5 - 1 mg (0.1 – 0.2 mL) subcutaneously every 8 hours as needed	Qty: 5 x 1 mL ampoules
<input type="checkbox"/> Dimenhydrinate 50 mg/mL injectable LU 481 For nausea inject 25 - 50 mg (0.5 – 1 mL) subcutaneously every 4 hours as needed.	Qty: 5 x 1 mL vials
<input type="checkbox"/> Acetaminophen 650mg suppositories (supps) For pain and/or fever greater than 38°C insert 1 suppository rectally every 3 hours as needed.	Qty: 6 supps
OR	
<input type="checkbox"/> Hydromorphone 2 mg/mL For pain or shortness of breath inject 0.5-1 mg (0.25-0.5 mL) subcutaneously every 1 hour as needed.	Qty: 10 x 1mL vials
OR	
<input type="checkbox"/> Morphine 10 mg/mL For pain or shortness of breath inject 2-5 mg (0.2-0.5 mL) subcutaneously every 1 hour as needed.	Qty: 10 x 1mL ampoules
OR	
<input type="checkbox"/> Glycopyrrolate 0.2mg/mL injectable – LU 481 For terminal congestion or secretions inject 0.2 mg (1 mL) subcutaneously every 2 to 4 hours as needed.	Qty: 5 x 1 ml vials
OR	
<input type="checkbox"/> Atropine Ophthalmic Drops 1% For terminal congestion or secretions, ORAL USE: place 3-4 drops sublingual every 3 hours as needed.	Qty: 1 bottle

Prescriber Signature: _____ Date (DD/MM/YYYY): _____

Print Name: _____ CPSO#: _____

Please fax to 1-855-773-4056. The Care Coordinator will send a copy of the form to:
Pharmasave Lane Family Pharmacy & Community Nursing Provider