

Name:	HCN:
DOB (DD/MM/YYYY):	Allergies:
Address:	
Telephone #: (705)	

Standard Kit contains:
NURSE TO ACCESS KIT ONLY

LORAZEPAM 1 MG Dispense: 8 tabs <u>Directions:</u> For anxiety or agitation , give 1 to 2 tablets PO or Sublingual every 2 hours PRN May crush and dissolve in water to put under tongue	GLYCOPYRROLATE 0.2MG/ML- LU 481 Dispense: 5 vials x 2 mL <u>Directions:</u> For terminal secretions , give 0.2 mg (1 mL) subcutaneously every 2-4 hours PRN
HYDROMORPHONE 2MG/1ML Dispense: 5 ampoules x 1 mL <u>Directions:</u> For emergency pain relief or dyspnea , give 0.5 mg- 1.0 mg (0.25 mL - 0.5 mL) subcutaneously every 2 hours PRN	HALOPERIDOL SC 5MG/ML Dispense: 5 ampoules x 1 mL <u>Directions:</u> For delirium/agitation , give 1.0 mg- 2.0 mg (0.2 mL - 0.4 mL) subcutaneously every 1 hour PRN until delirium/agitation controlled Thereafter, give 1.0 mg- 2.0 mg (0.2 mL-0.4 mL) subcutaneously every 4 hours PRN for delirium/agitation For nausea , give 0.5 mg-1.0 mg (0.1 mL-0.2 mL) subcutaneously every 8 hours PRN
Please insert Foley catheter PRN for comfort and cleanliness. May irrigate PRN.	
Please provide 10 x 27 gauge ½ inch needles to this client.	

Supply kit to be dispensed with Symptom Relief Kit (PIN 6109)

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

Print Name: _____ CPSO/CNO#: _____

Please fax to Ontario Health atHome Care Coordinator @ 705-522-3855

The Ontario Health atHome Care Coordinator will send a copy of the form to:

- Robinson's Pharmacy Sudbury
- Community Nursing Provider