Ontario Health atHome

Tel: 705 721-8010 Fax: 705 792-6270

CLEAR

SYMPTOM RELIEF KIT (SRK) FOR PALLIATIVE CARE - ORDER FORM

PATIENT INFORMATION		
Last Name	**First Name**	**Date of Birth (YYYY-MM-DD)**
Address	**Gender** Male ☐ Female ☐	**Health Card Number**
City	**Postal Code**	
Phone Number	**Allergies**	
Patient PPS:		
EDITH Protocol in Place: YES ☐ NO ☐	**DO NOT RESUSCITATE:** YES ☐ NO ☐	

Insert Indwelling Foley Catheter prn. Size ☐ **#14** ☐ **other :**

OPIOIDS: Please indicate choice of ONE medication.

Medication	Directions	Mitte	Coverage
☐ **Morphine 15mg/mL** 1mL Ampoule	Give 3mg(0.2mL) to 10mg(0.66mL) subcutaneously every hour as needed (PRN) for emergency pain/relief of dyspnea.	5	ODB
OR			
☐ **Hydromorphone 10mg/mL** 1mL Ampoule	Give 1mg(0.1mL) to 3mg (0.3mL) subcutaneously every hour as needed (PRN) for emergency pain/relief of dyspnea.	2	ODB

SYMPTOM MANAGEMENT:

A Symptom Relief Kit is to provide emergency symptom management at the end of life (prognosis of 3 months or less). The kit will provide a small amount of frequently used medication intended to treat common symptoms that occur at the end of life.

All 7 medications below will be dispensed. If all medications are not required to be dispensed, please contact the Pharmacist directly. If the Prescriber is Non-PCFA designation, please complete the **ODB FORM for the End of Life Care: Request for Palliative Care Medications** and fax to Ontario Health atHome.

A Nurse must update the Primary Care Practitioner and obtain new orders for medications once SRK is accessed.

Medication	Directions	Mitte	Coverage
Olanzapine 5mg Orally Disintegrating Tablet	For nausea, give one tablet orally once daily.	3	ODB
Atropine 1% Ophthalmic Drops (Bottle)	For terminal congestion or secretions, give 2 drops sublingually every three hours as needed (PRN).	1	ODB
Haloperidol 5mg/mL (1mL) Ampoule	For delirium or agitation, give 2.0mg (0.4mL) subcutaneously every hour as needed (PRN) until symptoms are controlled. Thereafter, give 2mg (0.4mL) subcutaneously every six to eight hours as needed (PRN). For nausea, give 0.5-1.0mg (0.1-0.2mL) subcutaneously every eight hours as needed (PRN).	3	ODB
Lorazepam Tab 1mg PO (not Sublingual formulation)	For anxiety, give 1-2 tablets PO/SL every 2 hours as needed. For seizures, give 2 tablets PO/SL/buccally and repeat every 20 minutes until seizure resolves to a maximum of 8mg in 12 hours. May crush tablet and mix with water to give SL/buccally.	5	ODB
Acetaminophen 650mg Suppositories	For temperatures exceeding 101F°/ 38.5C°, insert one suppository rectally every three to four hours as needed (PRN).	3	ODB
Scopolamine 0.4mg/mL (1mL) Ampoule	For terminal congestion or secretions. Give 0.4mg (1.0mL) subcutaneously every four hours as needed (PRN).	2	☐ **LU 481**
Midazolam 5mg/mL (1mL) Ampoule	For refractory agitation/restlessness, give 1.0mg (0.2mL) to 5.0mg (1.0mL) subcutaneously every **1** hour as needed (PRN). For refractory dyspnea, give 1.0mg (0.2mL) to 5.0mg (1.0mL) every hour as needed (PRN). For seizures, give 1.0mg (0.2mL) to 5mg (1.0mL) subcutaneously every 10 minutes until seizure resolves.	3	☐ **LU 495**

PCFA: Palliative Care Physicians with Provincial designation allows direct ODB coverage.

TRS: Telephone Request System. Physician's office may call 1-866-811-9893 Monday to Friday to request Exceptional Coverage under Palliative Program

PRESCRIBER INFORMATION		
Last Name	**First Name**	**CPSO#**
Fax Number	**Telephone Number**	**Date**
Signature	**After Hours Number**	
If urgent please provide date required:		

PLEASE FAX BACK TO ONTARIO HEALTH ATHOME 705-792-6270