



Sinai Health System

TEMMY LATNER CENTRE FOR
PALLIATIVE CARE

STAND-BY IN-HOME SYMPTOM MANAGEMENT KIT RX FORM

Date: _____ Patient name: _____

Health card #: _____ Tel: _____

Address: _____

To be delivered: today tomorrow

***** Before administering any of these treatments contact the physician directly *****

SELECT REQ'D ITEMS	OPIOID ANALGESIC (choose one opioid option only)	DIRECTIONS	MITTE
	Morphine 15 mg/ml injectable 1 ml vial	As directed by physician	3
	Hydromorphone 2 mg/ml injectable 1 ml vial	As directed by physician	3
	Hydromorphone 10 mg/ml injectable 1 ml vial	As directed by physician	3
MEDICATION		DIRECTIONS	MITTE
	Haloperidol 5 mg/ml injectable 1 ml vial	<u>For nausea and vomiting:</u> 0.5 – 1 mg. sc q8h prn <u>For delirium/agitation:</u> 1 -2 mg. sc q1h prn until controlled then 2 mg. q 6 h sc prn	3
	Lorazepam 1 mg tablet	<u>For sedation:</u> 1 – 2 mg. SL q2h prn (crush tablet and mix with small amount of water)	6
	Midazolam 5mg/ml injectable 1 ml vial	As directed by physician	2
	Glycopyrrolate 0.2 mg/ml injectable 1 ml vial	<u>For excess respiratory secretions:</u> 0.2 mg. sc q4h prn	3
	Scopolamine 0.4 mg/ml injectable 1 ml vial	<u>For excess respiratory secretions:</u> 0.4 mg. sc q4h prn	3
	Acetaminophen 650 mg suppository	650 mg. pr q4h for temp > 38.5°	2
SUPPLIES			
	Catheter kit (specify size: _____) with Foley Tray and Bed Bag		
	Alcohol swabs (20); TB syringes (10); Butterfly (2); Tegadem (4); PRN adaptor (2); Gloves (2 pairs); Transpore tape; Toothette mouth swabs (6); SHARPS CONTAINER (1)		
Comments:			

Physician Name (PRINT): _____

Physician Signature: _____

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