

Palliative Symptom Relief Kit (SRK) Prescription – Hospice Palliative Care (HPC) Teams

POLICY *APPENDIX 2 – HPC Teams for Home and Community Care Support Services Central Symptom Relief Kit*

1. This is a Physician / Nurse Practitioner (NP) order to be implemented by a Registered Nurse (RN) / Registered Practical Nurse (RPN) when symptoms require urgent intervention to facilitate a comfortable home death.
2. The attending Physician/NP is to be **notified as soon as possible** regarding change in patient's condition and need for ongoing prescription(s).
3. DNR and plan for expected death should be in place.
4. Completed prescription to be FAXED back to 416 222-6517 / 905 952-2404 **AND** the pharmacy; Calea 905-629-0123 or Ontario Medical Supply (OMS) 1-855-728-9552 (**Applicable pharmacy determined by Home and Community Care Support Services**)

Next day delivery, no additional nursing visit required Urgent delivery ASAP and nurse to visit to initiate medications

(Patient Last Name, First Name) _____

Date: _____ DOB: _____ HCN: _____
(dd-mmm-yyyy) (dd-mmm-yyyy) (Health Card Number and Version Code)

Address for Delivery: _____
 City: _____ Postal Code: _____

ANXIETY OR SEIZURE:

Lorazepam tab 1 mg
 Dispense: 6 tabs
 PO (not Sublingual formulation)
 0.5 mg – 1 mg tabs PO q2h PRN
 May crush or dissolve in water to put under tongue
(Nurse must contact Physician/NP before initiating)

Midazolam 5 mg/mL injectable 1 mL amp – Limited Use **495**
 Dispense: 2 vials
 1 mg – 2 mg Subcutaneous q1h PRN (1 mg = 0.2 mL)

DELIRIUM OR NAUSEA:

Olanzapine (Zyprexa Zydis) 5 mg
 Rapid Dissolve Tab
 Dispense: 5 tabs
 5 mg PO once daily, placed on tongue

Haloperidol Injectable 5 mg/mL
 Dispense: 3 amps of 5 mg
 1 mg Subcutaneous q1h until settled
 (1 mg = 0.2 mL)

OR

(Nurse must contact Physician/NP before initiating)

Methotrimeprazine (Nozinan) 25 mg/mL
 Dispense: 3 amps
 12.5 mg – 25 mg Subcutaneous q3h PRN (12.5 mg = 0.5 mL)

EXCESS PULMONARY SECRETIONS:

Atropine 1 % Eye Drops
 Dispense: 5 mL
 2 drops Sublingual or Buccal q3h PRN

Scopolamine 0.4 mg/mL injectable 1 mL – Limited Use **481**
 Dispense: 3 vials
 0.4 mg Subcutaneous q3h PRN

OR

Glycopyrrolate 0.2 mg / mL injectable 1 mL – Limited Use **481**
 Dispense: 3 vials
 0.2 mg subcutaneous q4h PRN

PAIN AND/OR SHORTNESS OF BREATH: CHOOSE ONLY ONE OPIOID

Hydromorphone (Dilaudid) Injectable 2 mg/mL
 Dispense: 3 amps
 Opioid naïve patients with moderate to severe pain or dyspnea usually require 1 mg Subcutaneous q1h PRN
(Contact the Physician/NP for increased dosing if symptoms are unmanaged)
 (1 mg = 0.5 mL) use 1 mL syringe with needle

Morphine Injectable 15 mg/mL
 Dispense: 3 amps
 Opioid naïve patients with moderate to severe pain or dyspnea require 3 mg Subcutaneous q1h PRN
(Contact the Physician/NP for increased dosing if symptoms are unmanaged) (3 mg = 0.2 mL) use 1 mL syringe with needle

For Physician/NP information: If patient is already on oral Hydromorphone/Morphine, to convert from patient's usual dose, **take daily dose** and calculate half to give total parenteral daily dose. Parenteral daily dose should be divided up over 24 hours to calculate an hourly dosage.

ADDITIONAL MEDICATIONS:

****Note: Nurse to use a separate butterfly for each medication and label. Nurse to begin with lowest dose first.**

INSERT INDWELLING FOLEY CATHETER PRN
 FOLEY CATHETER KIT: Size 14 Size 16 **SUPPLIES: All required supplies for medications will be included**

Physician/NP Contact Information:

(Office) _____ (Pager) _____ (Cell) _____ (Fax) _____

(Physician/NP Signature) _____ (Print Physician/NP Name) _____ (CPSO#/CNO#) _____