

## Palliative Symptom Relief Kit (SRK) Prescription - Hospice Palliative Care (HPC) Teams for Central LHIN

**POLICY**

1. This is a Physician/Nurse Practitioner (NP) order to be implemented by a Registered Nurse (RN) 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. Expected Death in the Home (EDITH) protocol should be in place.
4. Completed prescription to be FAXED to Central Local Health Integration Network (LHIN) 416 222-6517 (South) / 905 952-2404 (North) **AND** the pharmacy; Calea 905 629-0123 or Ontario Medical Supply (OMS) 1-855-728-9552 (**Applicable pharmacy determined by Central LHIN**)

**URGENT DELIVERY**

**RN TO VISIT ASAP TO INITIATE KIT**

\_\_\_\_\_  
*(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: 10 tabs  
PO (not Sublingual formulation)  
1 - 2 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: 5 amps  
1 mg – 2 mg Subcutaneous q1h PRN  
(1 mg = 0.2 mL)

**EXCESS PULMONARY SECRETIONS:**

- Scopolamine 0.4 mg/mL injectable 1 mL – Limited Use **481**  
Dispense: 5 amps  
0.4 mg Subcutaneous q3h PRN

**DELIRIUM OR NAUSEA:**

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

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

**(Nurse must contact Physician/NP before initiating)**

- Methotrimeprazine (Nozinan) 25 mg/mL  
Dispense: 5 amps  
12.5 mg – 25 mg Subcutaneous q3h PRN  
(12.5 mg = 0.5 mL)

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

- Hydromorphone (Dilaudid) Injectable 2 mg/mL  
Dispense: 10 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: 10 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:**

**Physician/NP Contact Information:**

\_\_\_\_\_  
*(Office) (Pager) (Cell) (Fax)*

\_\_\_\_\_  
*(Physician/NP Signature) (Print Physician/NP Name) (CPSO#/CNO#)*