SOUTHLAKE
REGIONAL HEALTH CENTRE
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Symptom Relief Kit

Guidelines

Hospice Palliative Care Teams

September 2021

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1. Definition

The Symptom Relief Kit (SRK) is a standardized package of medications and related medical supplies provided to a patient who is approaching end-of-life, for the purpose of relieving unanticipated or rapidly escalating symptoms.

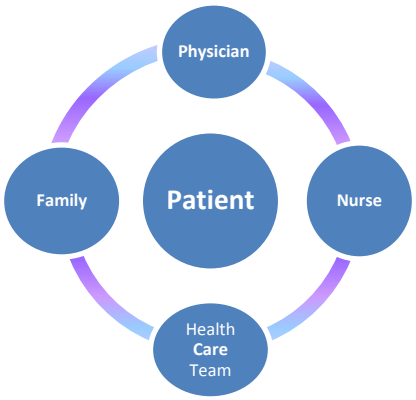
2. Why Order a SRK?

While it is predictable that patients facing end-of-life are likely to experience increasing symptoms, sometimes the timing of these symptoms is not predictable. Having a SRK on hand ensures that the community nurse has a well thought out tool kit and instructions to make it possible for the nurse to respond quickly and appropriately to ease the patient's unanticipated or rapidly escalating symptoms. At this time, the SRK is the only available option for emergency symptom management for in-home patients when the patient's physician or nurse practitioner (NP) is not immediately available.

The SRK is not intended to replace the need for proper clinical assessment leading to well defined care plans that properly identify potential issues.

3. When Should the SRK be Ordered?

The decision regarding when the SRK goes into the home should be a part of the development of the patient's overall plan of care. The development of the plan should involve the patient, the patient's family, the attending Physician, the community Nurse, Home and Community Care Support Services Care Coordinator (CC), the Palliative Care NP, the Hospice Palliative Care Teams (HPCT) Clinical Nurse Consultant (CNC) and any other members of the patient's care team.



The timing and placement of the SRK requires careful consideration. Placing the SRK in the home prematurely may result in the expiry of the medication. Placing the SRK in the home too late in the patient's disease process could cause delay in the management of his/her symptoms and may result in an Emergency Room or hospital admission.

Patients who are approaching the end of life phase of their illness with a Palliative Performance Scale (PPS)* of 40% or less or are deteriorating rapidly should have a SRK in place. (* see Appendix 2). These patients usually have an Expected Death in the Home (EDITH) protocol in place or at the very least a Do Not Resuscitate (DNR) order, before the physician or NP orders the SRK.

4. Process for Ordering the SRK

- The decision to order the SRK is made collaboratively between the nurse, Home and Community Care Support Service Central CC, the HPCT CNC and the palliative care NP or the physician, based on the PPS < 40%, and other signs and symptoms indicating that the patient is nearing the end-of-life or rapidly deteriorating.

- The physician or NP completes the *Palliative Symptom Relief Kit Prescription*, checking the medications of choice and faxing it to the pharmacy **and** the Home and Community Care Support Service Central CC. The physician or NP may also order a catheter to be provided with the SRK by checking this section on the *Palliative Symptom Relief Kit Prescription*.

- To comply with the Narcotics Safety & Awareness Act, 2010, the prescription must include the patient identification number and type of identification (e.g. Health Card, Driver's License). The prescribing physician or NP must also record their College registration number on the prescription.

- The Home and Community Care Support Service Central CC will fax the *Palliative Symptom Relief Kit Prescription* to any physician who does not have the form, requesting a completed returned copy. A copy of the *Palliative Symptom Relief Kit Prescription* can be downloaded from the Home and Community Care Support Service Central Extranet or the HPCT website.

- The Home and Community Care Support Service Central CC faxes the order to the nursing agency and the pharmacy (Calea or Ontario Medical Supply), and orders the appropriate medical supplies to support the SRK, using the regular Home and Community care Support Service Central process.

- All required supplies for medication will be included with the delivery.

- The Home and Community Care Support Service Central pharmacy provider prepares and delivers the SRK and supplies to the home using the regular Home and Community Care Support Service Central process.

- The nurse educates the patient & family about the SRK. This education includes the purpose of the SRK, precautions, safe storage of the kit, and direction for the kit to be used by the primary nurse or physician/NP, unless otherwise instructed by the prescriber.

- The nurse documents the location of the SRK on the progress notes in the chart and puts the SRK order form on top of the more recent medication orders in the *Doctor's Orders* section of the in-home chart. The Nurse also documents the Symptom Relief Kit on the *Regular and PRN Medication List* in the in-home chart and checks the box on the front page of the folder to indicate the SRK is in place.

5. Safe Management:

Once the SRK medications are ordered the pharmacy prepares the package to be delivered to the patient's home. The delivery person will request identification and a signature from the receiver. The nurse prepares the family by requesting that they place the package in a safe location, away from children for example, until the nurse explains the kit with the next visit.
The nurse documents where the kit is kept in the home on the front contact sheet of the in-home folder.
The nurse will explain to the caregivers that there are medications in the kit, which are intended to address multiple symptoms. These symptoms include pain, dyspnea, nausea, agitation, confusion, restlessness and oral secretions. A urinary catheter is also included to address potential urinary retention issues.

6. Accessing the SRK

It is appropriate to use the SRK in emergency situations when:

- The patient has sudden symptoms that cannot be managed at home by the medication already available to the patient; or
- It is not possible to access the patient's physician/NP and /or pharmacy quickly enough to relieve the patient's symptoms through additional prescriptions; or
- The symptoms are of such intensity that, without the SRK, a visit to the emergency room would be required.

7. Process for Administration of the SRK

- The nurse should call the physician or NP or as local practice dictates, to determine if the SRK is to be used. If medication is needed ongoing for symptom management, the physician/NP is prompted to order additional medication. It is not common practice to order another SRK.

- When the SRK is first opened, the nurse will document an initial medication count on the *SRK Medication Tracking and Disposal Record*. The nurse then removes the medications that are required and documents those removed on the tracking form. The tracking form is kept in the medication bag. The SRK bag is resealed with a bright yellow sticker, signed, and dated by the nurse. The nurse administers the medication and preloads medications as ordered by the physician or NP and documents on the *Medication Administration/ Pre-Poured Record*.

- The SRK is for emergency situations and as a guideline only provides enough medications for approximately 24 hours.

- **If the nurse is unable to contact the physician or NP when medications in the kit are required**, the nurse administers the medication as ordered for the symptom of concern on the *Palliative Symptom Relief Kit Prescription* and documents the administration on the *Medication Administration/Pre Poured Record.* The nurse is responsible for informing the physician or NP and Home and Community Care Support Service Central CC immediately or as soon as possible, within 24 hours, that medication has been administered from the SRK. Ongoing treatment plans will be discussed with the physician or NP. **Midazolam and Nozinan cannot be administered without contacting the physician or NP and receiving the verbal order to proceed with these specific medications.**

8. Preparation of the medication and education of the caregivers:

Nurses are responsible for pre-loading syringes and labelling each syringe. Best Practice requires notation of the concentration of the drug (mg/mL) and the dosage, including the date and the nurse's signature. Please note that nurses need to start a new subcutaneous line for each different medication that they initiate, labeling and dating at that time. The subcutaneous line is flushed with the medication intended for use and *not* with normal saline.

The patient's informal caregiver is usually the person administering the SRK medications when there is not a health care provider in the home. It is important that the nurse provide education to the caregiver, reviewing the purpose of each medication and how they are administered. It is also important to encourage the caregiver to record each time they administer a medication so that all medications are accounted for and the health care provider can evaluate the effectiveness of the

medications used. The SRK Medication Administration Log is included in the in-home chart and is used by the caregiver to document each dose given. Nurses or other health care providers in the home are responsible for instructing the caregiver the importance of documenting and using the log sheet.

9. Accessing the SRK Again:

It is possible that the SRK will need to be accessed multiple times. The nurse should follow the same process when removing more medications from the kit, including re-sealing with a new yellow sticker and completing the appropriate column on the tracking form. The tracking form continues to be kept in the sealed medication bag.

10. Disposal of the SRK and Unused Medications

The last health care professional in the home is responsible for counting and documenting the unused medications from the SRK on the tracking form. Two individuals must sign off on the disposal of medications The tracking form indicates that the disposal of SRK medications are to be double checked with another individual, either a caregiver in the home or another health care provider virtually. The health care professional must ensure the family are aware that any unused medications must be disposed of by placing them in the biohazard waste container.

The SRK is to be used for the designated patient only**.** Both the Pharmacy Act and the Standards of Practice for Pharmacists require that any medications and/or supplies remaining in the SRK must be disposed of and destroyed after the designated patient has died. The remaining medications and supplies cannot be used for another individual, to protect the safety of the consumer and for infection control reasons, as the SRK is not under the pharmacy control once it is in the home. It is possible, for example, that the SRK was stored at an incorrect temperature or in an unsterile environment. Ensuring patient safety outweighs the relatively small financial loss incurred by discarding unused medications. The nurse must contact the Home and Community Care Support Service Central CC to request ‘pickup’ of the waste container.

11. Contradictions to ordering the SRK

A SRK is contraindicated for patients in the home when:

- The patient’s death is imminent, and specific medications should be ordered for end-of-life care;

- The patient is a child whose weight is such that medications and /or dosages require special consideration;
- The patient is incapable and there is no caregiver in the home who can be responsible for the SRK;
- There is evidence of a substance use disorder by the patient and/or family and no effective plan can be implemented to prevent medication misuse;
- There is evidence that the medication in the SRK could be used in ways other than the intended purpose; and /or
- The security of the SRK in the home cannot be guaranteed.

Appendix 1: Symptom Relief Kit Prescription April 2021

HOME AND COMMUNITY CARE SUPPORT SERVICES
Central

Ontario

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: *(dd-mmm-yyyy)* **DOB:** *(dd-mmm-yyyy)* **HCN:** *(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)

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

FEVER GREATER THAN 38.0 CELSIUS:

☐ Acetaminophen 650 mg 1 suppository rectally q4-6 hours PRN
Dispense: 2 suppositories

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)

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:

Ext

(Office) *(Pager)* *(Cell)* *(Fax)*

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

Palliative SRK Prescription Rev 23 April 2021 Page **1** of **1**

Appendix 2 – Palliative Performance Scale

(Reproduced from Victoria Hospice, 2003)

A Circle Of Care
Victoria Hospice
SOCIETY

Palliative Performance Scale (PPSv2)
version 2

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity *with* Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

Palliative Performance Scale Aug 25, 2003

SYMPTOM RESPONSE KIT
MEDICATION TRACKING AND DISPOSAL RECORD

MEDICATION	INITIAL COUNT (Upon opening kit)	Medications Removed From Kit	Medications Removed From Kit	Medications Removed From Kit	Medication Disposal Record
LORAZEPAM	_____Tabs	_____Tabs	_____Tabs	____Tabs	_____Tabs
Midazolam	_____Vials	_____Vials	_____Vials	____Vials	_____Vials
Atropine 1%	____bottle	____bottle	____bottle	___bottle	____bottle
Scopolamine	_____Vials	_____Vials	_____Vials	____Vials	_____Vials
Glycopyrrolate	_____Vials	_____Vials	_____Vials	____Vials	_____Vials
Olanzapine	_____Tabs	_____Tabs	_____Tabs	____Tabs	_____Tabs
Haloperidol	____Amps	____Amps	____Amps	___Amps	____Amps
Methotrimeprazine (Nozinan)	____Amps	____Amps	____Amps	___Amps	____Amps
Hydromorphone	____Amps	____Amps	____Amps	___Amps	____Amps
Morphine	____Amps	____Amps	____Amps	___Amps	____Amps
Acetaminophen	____Suppositories	_____Suppository	_____Suppository	_____Suppository	_____Suppository
Other:					
	Date:_____ __	Date:_____ __	Date:_____ __	Date:_____ __ Health Care Provider	Date:_____ __

	Health Care Provider Name:_____ __ Signature:_____ __	Health Care Provider Name:_____ __ Signature:_____ __	Health Care Provider Name:_____ __ Signature:_____ __	Name:_____ _ Signature:_____ __	Health Care Provider Name:_____ _ Signature:_____ _ Witness Name: _____ __ Witness Signature: _____

This form is to be used by the health care team to verify the contents of the SRK against the medical order, to track the use of medications in the kit and to record the safe disposal of the medications when no longer needed. Safe disposal includes a witness who may be a family member or another member of the health care team. Medications are to be discarded into the sharps container; the sharps container is then locked and a pick up is requested by calling Home and Community Care Support services.

SYMPTOM RELIEF
MEDICATION ADMINISTRATION LOG

PATIENT NAME: _____HCN:_____

DATE	TIME	MEDICATION	AMOUNT GIVEN	REASON GIVEN	GIVEN BY (full name) print only
April 5th, 2017	3:00am	Hydromorphone Needle	1 needle	Pain	Bob Smith, husband
April 7th, 2017	7:00am	Lorazepam 1mg tablet	1 tablet	Anxiety	Jane Smith, daughter

SEE BACK OF THIS FORM FOR INSTRUCTIONS.

GUIDELINES FOR USE OF THIS FORM:

This form is to be used by patients and caregivers who administer medications to the patient in the home. It allows the health care team to view the history of medication use and make adjustments to the medication regimen to optimize pain and symptom management.

Instructions For Patients and Caregivers:

Your nurse will teach you how to use this form and how to complete each column when you are taking medications or assisting a loved one in taking medications for pain or other symptoms.

This form should only be used for medications that are taken as needed to manage pain or other symptoms. You should not list medications which are taken on a regular basis, for example, blood pressure medication which is taken every day.

This form is the property of the nursing agency and is incorporated into the patient's paper chart in the home when completed or when no longer in use.