**PALLIATIVE SYMPTOM RELIEF KIT (SRK) PRESCRIPTION**

Hospice Palliative Care Teams for Central LHIN

**POLICY**

1. This is a physician’s order to be implemented by a Registered Nurse when symptoms require urgent intervention to facilitate a comfortable home death.
2. The Attending Physician is to be notified as soon as possible regarding change in patient’s condition and need for ongoing prescription(s).
3. EDITH (Expected Death in the Home) protocol should be in place.
4. Completed prescription to be FAXED to Pharmacy [Calea / Atrium (South Simcoe)] and CCAC

**Date:** __________  **Patient Name:** __________

(Last Name, First Name)

**Address for Delivery:** __________

**ANXIETY or SEIZURE:**
Lorazepam tab 1mg
Dispense: 10 tabs
P.O. (not S/L formulation) 1-2 tabs PO/SL q2hr PRN. May crush or dissolve in water to put under tongue.

**EXCESS PULMONARY SECRETIONS:**
Atropine 1% Eye Drops
Dispense: 5ml
2 drops SL or buccal q3h PRN

**DELIRIUM:**
Haloperidol Inj 5mg/ml
Dispense: 3 amps of 5mg
2mg SC (0.4ml) q1hr until settled, then 2mg q3-4hr PRN

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

**PAIN and/or SHORTNESS OF BREATH:**

**CHOOSE ONLY ONE OPIOID**

- [ ] **Hydromorphone (Dilaudid) Inj 10mg/ml**
  Dispense: 4 amps
  Opioid naïve patients with moderate to severe pain or dyspnea usually require 1-2mg sc q1h PRN.
  
  (0.1ml to 0.2ml) use 1cc syringe with needle

- [ ] **Morphine Inj 15mg/ml**
  Dispense: 10 amps
  Opioid naïve patients with moderate to severe pain usually require 2-5mg sc q1h PRN.
  
  (2mg=0.13ml; 3mg=0.2ml; 4mg=0.26ml; 5mg=0.33ml) use 1cc syringe with needle

If patient is already on oral hydromorphone / morphine, to convert from patient’s usual dose, take **total daily dose** and calculate half to give total parenteral daily dose. Parenteral dose should be divided up over 24 hours.

**DIRECTIONS (Note – Nurse to use separate butterfly for each medication):**

**ADDITIONAL MEDICATIONS:**

**CCAC TO USE ESTABLISHED PROCESSES TO ORDER THE FOLLOWING SUPPLIES:**

**CATHETER KIT:**  Yes [ ]  No [ ]  Size: ____

**SUPPLIES:** Alcohol swabs (20), TB syringes (10), Butterfly (2), Tegaderm (4), PRN adaptor (2), Gloves (2 pairs), Transpore tape

**Physician Contact Numbers:**

<table>
<thead>
<tr>
<th>Office</th>
<th>Pager</th>
<th>Cell</th>
<th>Fax</th>
</tr>
</thead>
</table>

Palliative Symptom Relief Kit Prescription – CCAC 159 April 2010