

## SYMPTOM RELIEF KIT (SRK) FOR PALLIATIVE CARE - ORDER FORM

PATIENT INFORMATION				
Last Name		First Name		Date of Birth (YYYY/MM/DD)
Address		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Health Card Number
City		Postal Code		
Phone Number		Allergies		
EDITH Protocol in Place	<input type="checkbox"/>	DO NOT RESUSCITATE: YES <input type="checkbox"/>	NO <input type="checkbox"/>	Patient PPS:
OPIOIDS: Please indicate choice of <u>ONE</u> medication.				
Medication	Directions		Mitte	Coverage
<input type="checkbox"/> <b>Morphine 15mg/mL</b> 1mL Ampoule	Give 3mg(0.2mL) to 10mg(0.66mL) subcutaneously every hour as needed (PRN) for emergency pain/relief of dyspnea.		5	ODB
OR				
<input type="checkbox"/> <b>Hydromorphone 10mg/mL</b> 1mL Ampoule	Give 1mg(0.1mL) to 3mg (0.3mL) subcutaneously every hour as needed (PRN) for emergency pain/relief of dyspnea.		2	ODB
SYMPTOM MANAGEMENT:				
<p>A Symptom Relief Kit is to provide emergency symptom management at the end of life (prognosis of 3 months or less). The kit will provide a small amount of frequently used medication intended to treat common symptoms that occur at the end of life.</p> <p>All 7 medications below will be dispensed. If all medications are not required to be dispensed, please contact the Pharmacist directly. If the Prescriber is Non-PCFA designation, please complete the <b>ODB FORM for the End of Life Care: Request for Palliative Care Medications</b> and fax to HCCSS NSM. A Nurse must update the Primary Care Practitioner and obtain new orders for medications once SRK is accessed.</p>				
Medication	Directions		Mitte	Coverage
<b>Olanzapine</b> 5mg Orally Disintegrating Tablet	For nausea, give one tablet orally once daily.		3	ODB
<b>Atropine</b> 1% Ophthalmic Drops (Bottle)	For terminal congestion or secretions, give 2 drops sublingually every three hours as needed (PRN).		1	ODB
<b>Haloperidol</b> 5mg/mL (1mL) Ampoule	For delirium or agitation, give 2.0mg (0.4mL) subcutaneously every hour as needed (PRN) until symptoms are controlled. Thereafter, give 2mg (0.4mL) subcutaneously every six to eight hours as needed (PRN). For nausea, give 0.5-1.0mg (0.1-0.2mL) subcutaneously every eight hours as needed (PRN).		3	ODB
<b>Lorazepam</b> 1mg Sublingual Tablet	For anxiety, give one to two tablets sublingually every two hours as needed (PRN). For Seizures, place two tablets under tongue or buccally and repeat every 20 minutes until seizure resolves to a maximum of 8.0mg in 12 hours.		5	ODB
<b>Acetaminophen</b> 650mg Suppositories	For temperatures exceeding 101F°/ 38.5C°, insert one suppository rectally every three to four hours as needed (PRN).		3	ODB
<b>Scopolamine</b> 0.4mg/mL (1mL) Ampoule	For terminal congestion or secretions. Give 0.4mg (1.0mL) subcutaneously every four hours as needed (PRN).		2	■ LU 481
<b>Midazolam</b> 5mg/mL (1mL) Ampoule	For refractory agitation/restlessness, give 1.0mg (0.2mL) to 5.0mg (1.0mL) subcutaneously every 1 hour as needed (PRN). For refractory dyspnea, give 1.0mg (0.2mL) to 5.0mg (1.0mL) every hour as needed (PRN). For seizures, give 1.0mg (0.2mL) to 5mg (1.0mL) subcutaneously every 10 minutes until seizure resolves.		3	■ LU 495
PCFA: Palliative Care Physicians with Provincial designation allows direct ODB coverage.				
TRS: Telephone Request System. Physician's office may call 1-866-811-9893 Monday to Friday to request Exceptional Coverage under Palliative Program				
PRESCRIBER INFORMATION				
Last Name		First Name		CPSO#
Fax Number		Telephone Number		Date
Signature		After Hours Number		

PLEASE FAX BACK TO HOME AND COMMUNITY CARE SUPPORT SERVICES  
NORTH SIMCOE MUSKOKA 705-792-6270