

**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)

**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:**

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

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