

SYMPTOM RESPONSE KIT – Prescription/Order Form

Patient: _____ OHIN: _____ DOB: _____ Phone: _____

Address: _____ Allergies: _____ Date Ordered: _____

INSTRUCTIONS FOR PRESCRIBERS

Not all medications are appropriate or necessary for all patients; please use your professional

- 1) Place your initials in the column beside the medications you want included in the kit.
- 2) For each selected medication, complete the Specific Order portion found along the row selected.
- 3) Fax this completed form to the Home and Community Care Support Services South East at: **1-866-839-7299**

Symptom	Initials	Medications	Concentration	Specific Order			# to Dispense	ODB / LUC*	
Pain/Dyspnea		Morphine	15 mg/ml (parenteral)		mg sc q4h +		mg sc q1h prn	10 x 1 ml amp	ODB
		Hydromorphone	2 mg/ml (parenteral)		mg sc q4h +		mg sc q1h prn	10 x 1 ml amp	ODB
		Hydromorphone	10 mg/ml (parenteral)		mg sc q4h +		mg sc q1h prn	5 x 1 ml amp	ODB
Oropharyngeal secretions		Atropine Sulfate	1% drops 1 drop ~ 0.5 mg		1 drop sublingual q4h prn If not effective → 2 drops sl q4h prn			1 x 5 ml vial	ODB
Agitation/Nausea		Haloperidol	5 mg/ml (parenteral)	1	mg sc q12h + 0.5 mg sc q1h prn			5 x 1 ml amp	ODB
Persistent seizures		Midazolam	5 mg/ml (parenteral)	5	mg sc; may repeat x1 after 15min, if seizure persists; contact prescriber for f/u			5 x 1 ml amp	495
Agitation (for sedation)		Midazolam	5 mg/ml (parenteral)	1	mg sc q2h + 0.5 mg sc q1h prn			5 x 1 ml amp	495
Symptom Management		Dexamethasone	4 mg/ml (parenteral)		mg sc q			3 x 5 ml vial	ODB
Other:									
Other:									

CONTACT PRESCRIBER PRIOR TO ADMINISTERING ANY OF THE ABOVE MEDICATIONS? YES NO *see reverse for codes + rationale legend

Insert Foley Catheter to straight drainage PRN Irrigate Foley PRN and change Foley monthly PRN

Prescriber name: _____ Prescriber signature: _____

Address: _____ CPSO#/Reg.#: _____ Office phone number: _____

Secondary phone number: _____ Pager number: _____ Fax number: _____

For Expert advice contact:	Medical Pharmacy in Kingston (Mon – Sun 0800 – 2000) : 1-844-292-7585 x 35981 After hours pager number: 1-888-290-8226
	Queen’s Palliative Care Medicine (Mon – Fri 0800 – 1700): 613-548-2485 After hours KHSC Operator: 613-548-3232 Request to Page Palliative Care Physician On-Call
	Palliative Pain & Symptom Management Consultation Service: (Mon – Fri 0830 – 1630): 1-888-547-7744

SYMPTOM RESPONSE KIT – Prescription / Order Form

Reorder a symptom response kit using a new Prescription/Order Form:

- When the expiry date on the outside of the kit passes
- When medications need to be added or changed

Forms can be obtained by contacting any Home and Community Care Support Services South East office or online by visiting healthcareathome.ca/southeast/en/Partners/forms

When the kit is used for a crisis, the nurse and prescriber decide whether or not items need to be replaced.

Opioid Conversion Doses ¹			Limited Use Codes ²		Drug	Strength	LUC
Drug	Approximate Equivalent Dose (mg)		Used in specific circumstances such as palliative care		Diazepam	5 mg/ml	481
	Parenteral	Oral	LUC 481	For the management of patients receiving palliative care	Dimenhydrinate	50 mg/ml	481
Codeine	120	200			LUC 495	For the intermittent injection used for symptomatic relief in patients receiving palliative care	Furosemide
Fentanyl	0.1-0.2	n/a	Glycopyrolate	0.2 mg/ml			481
Morphine	10	20-30	LUC 496	For the continuous infusion in patients receiving palliative care	Hyoscine	20 mg/ml	481
Hydromorphone	2	4-6			Lorazepam	4 mg/ml	481
Oxycodone	n/a	30			Metoclopramide	5 mg/ml	481
					Midazolam (inj)	5 mg/ml	495
					Midazolam (inf)	5 mg/ml	496
					Phenytoin	50 mg/ml	481
					Scopolamine	0.4 mg/ml	481
					Scopolamine	0.6 mg/ml	481

¹ Cancer Care Ontario Guides to Practice: <https://www.cancercare.on.ca/toolbox/symptools/>

² Ontario Government Formulary: <https://www.formulary.health.gov.on.ca/formulary/>

Supplies contained within all SRKs		
• 2 - 12F Foley Catheters	• 12 - 3cc syringes	• 2 – 22g Saf T Intimas
• 2 - 14F Foley Catheters	• 20 – 1 CC syringes	• 2 – 24g Saf T Intimas
• 1 - Foley catheter insertion kit	• 12 – 25g 1” needles	• 1 – roll micropore tape
• 1 - Foley night bag	• 12 – 25g 5/8” needles	• 50 – alcohol swabs
• 1 cath secure	• 4 – 21g 1 ½” needles	• 4 – transparent dressings (10x12cm)
• 4 – displacement cap (microclave clear)	• 5 – 18g 1.5” blunt fill needles	• 1 – sharps container
• 20 – Red Tip Caps	• 10 Foam Toothettes	