

HOME AND COMMUNITY CARE SUPPORT SERVICES

South West

Fill out or add Addressograph Label

Name: _____

Gender: _____ D.O.B.(dd/mm/yyyy): ____/____/____

HCN: _____

Address: _____

Phone Number: _____

Pain & Symptom Management Form

***Contact information is critical for community IV service provision; Please Verify the Care Destination with the client.**
Additional Contact Information: _____

**Please Complete and Fax order form to: South West Home and
 Community Care Support Services 519-472-4045 or 1-855-223-2847**

LINE: Subcutaneous Central Line/Port

LIST ALL Known Allergies: _____

Narcotic Prescription Morphine **OR** HydromorphONE Fentanyl

Concentration (mg/ml): _____

Concentration (mcg/ml): _____

Basal Rate (mg/hr): _____

Basal Rate (mcg/hr): _____

Bolus Dose (mg): _____

Bolus Dose (mcg): _____

Bolus Maximum Frequency
(usual 20 or 30 minutes): _____Bolus Maximum Frequency
(Usual 20 or 30 minutes): _____Pharmacy to prepare 100 ml bags
Total 100 ml. bags authorized: _____
Dispense ____ bag(s) q ____ days.Pharmacy to prepare 100 ml bags
Total 100 ml Bags Authorized: _____
Dispense ____ bag(s) q ____ days.**Other Medication Order**

If the medication is to be added to the primary narcotic bag the physician must please call pharmacy at the phone number below to ensure compatibility & dosing suitability.

Hydration Orders Normal Saline – 0.9 % Sodium Chloride x 1 L Other hydration solutions: _____Route: IV Subcutaneous

Duration of In-Home Treatment:

Rate: _____ mL over _____ Hours

_____ Days OR _____ Doses

Frequency: _____

Special Instructions: _____

Backup Emergency Analgesic Orders in Case of Infusion InterruptionYurek to fill: Yes No

Drug: _____

Route: S/C Rectal Other _____

Directions: _____

Quantity: _____ (for 24 hours of coverage)

Physician (PLEASE PRINT CLEARLY):

Name: _____

CPSO #: _____

Address: _____

Cell: _____

Telephone: _____

Pager: _____

Date: _____

Signature: _____

**To consult with a community Pharmacist with medication questions
 or if additional medications are needed please call Yurek Specialties at:
 Phone: 519-680-2416, Ext. 404 or 1-888-637-3690**