



Home and Community Care Support Services North West  
961 Alloy Drive  
Thunder Bay, ON P7B 5Z8

Services de soutien à domicile et en milieu communautaire Nord-Ouest  
961, promenade, Alloy  
Thunder Bay, ON P7B 5Z8

Patient Name:	D.O.B.:
Address:	Allergies:
Phone #	Health Card #

Delivery or Pick Up
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## Palliative Symptom Management Kit Order Form

<b>MD or NP NOTIFIED</b>	<b>SIGNATURE:</b>
<b>DATE KIT INITIATED:</b>	<b>DATE:</b>

### Standard Symptom Relief Orders

<b>Acetaminophen 650mg Supp.</b> Mitte: 5 Suppositories Sig: Insert 1 suppository rectally Q4H PRN for temperature over 101 F (38.5 C)	<b>Refill x 2</b>
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<b>Metoclopramide 10mg/2ml LU481 ( pseudo DIN 09857224)</b> Mitte: 5 vials Sig: Give 10mg subcut TID PRN for nausea and vomiting <b>Consult Physician/NP if needing more than maximum daily dose 30mg</b>	<b>Refill x 2</b>
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<b>Methotrimeprazine (Nozinan) 25mg/ml</b> Mitte: 5 Vials Sig: Give 5 - 10mg subcut q8h PRN for agitation, restlessness	<b>Refill x 2</b>
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<b>Midazolam (Versed) 10mg/2ml LU495</b> Mitte: 5 Vials Sig: Give 1 - 2mg Q1h subcut PRN for agitation	<b>Refill x 2</b>
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<b>Scopolamine 0.6mg/ml LU481( pseudo DIN 09857237)</b> Mitte: 5 vials Sig: Give 0.3 - 0.6mg subcut q4-8h PRN for congestion or excessive secretions	<b>Refill x 2</b>
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<b>Other (specify) _____</b> Mitte: Dose: Give _____ q _____ h PRN for	
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### Please indicate your choice of Opioid by checking the box

<b>Morphine 10mg/ml Code(LU) 481</b> Mitte: 15 ampoules (5 q2days) Dose: Give _____ mg subcut q1-2h PRN for relief of pain or dyspnea	
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<b>Hydromorphone 2mg/ml    Mitte: 30 ampoules (5 q2days)</b> <b>Hydromorphone 10mg/ml    Mitte: 15 ampoules (5 q2days)</b> Dose: Give _____ mg subcut q1-2h PRN for relief of pain or dyspnea	
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<b>Other (specify) _____</b> Mitte: Dose: Give _____ mg q _____ h PRN for pain	
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### Insert Foley Catheter as necessary for urinary retention/patient comfort

<b>Supplies: Symptom Management Kit SKU # IVK077</b> CONTENTS LISTED ON REVERSE
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### Symptom Management Kit Procedure: Home and Community Care Support Services North West

1. The nurse practitioner/physician completes the order form and faxes to Home and Community Care Support Services North West regional office site (see next page) and to local dispensing pharmacy.
2. The Home and Community Care Support Services North West Reception forwards the form to the appropriate Care Coordinator who processes the request and orders supplies as indicated.
3. **Medications are dispensed by the local pharmacy. Supplies dispensed by Shoppers Drug Mart via the usual process**
4. The above medications are all covered though ODB and there should be no charge to the patient.

### Resource and Support

Home and Community Care Support Services North West Regional Palliative Care Program 24/7 Palliative Care Consultation Phone Line if any questions call... (807) 343-2476

### Prescriber Information

Physician / Nurse Practitioner Signature	Date
Printed Name	CPSO Number/ CNO Number
	Telephone

<b>Kit - Urgent Supply Management Kit (EOL)</b>		
<b>Qty</b>	<b>SKU</b>	<b>Description</b>
1	IVK006	Kit - Subcutaneous Medication Kit
1	KMS035	Kit - Dressing "D" (Intermittent Cath)
1	CAT225	Night Drainage Bag with Hanger, 9/32" - Bard Brand - Mfg. Code 153504C(307)
1	CAT080	Foley Catheter, 100% Silicone, 2 Wa, 14Fr/5cc - Amsure Brand - Mfg. Code AS41014S(189)
1	SAC080	Subcut Set (Button) 27G x 1.2cm 24", Safety - Cleo 90 Brand - Mfg. Code 21-7230-24
	<b>IVK006</b>	<b>Kit - Subcutaneous Medication Kit - contents</b>
10	IVS020	Cannula, Vial Access interlink
10	IVS010	Cannula, blunt plastic interlink
1	DSS127	Dressing, Transparent 6cm x 7 cm Tegaderm
1	IVS045	Dressing, Transparent IV , 10cm x 12cm Opsite IV 300
1	SAC080	Sub Q set Button 27G x 1.2cm 24", safety Cleo 90
2	SOL042	NaCl 0.9% For injection, 10 ml
10	SAN017	Needle, RB 25G x 1", Safety
2	DSD195	Swab, Alcohol 70%
10	SYR015	Syringe, Luer Lock 3cc
10	SYR010	Syringe , Luer Lock 1cc
1	SAS025	Syringe, Tuberculin, with needle 27G x 0.5" x 1cc. Safety Bak Snap
2	IVS100	Towelette, Chlorhexadine 2% Isopropyl 70% -Solu-IV
1	OMS350	Biohazard Sharps Collector, Small Red - Sharps
2	IVS320	One link connector Baxter

## Home and Community Care Support Services North West: Contact Numbers

### Thunder Bay

Tel: 1-807-345-7339  
Fax: 1-807-346-4625

### Geraldton

Tel: 1-807-854-2292  
Fax: 1-807-854-1805

### Marathon

Tel: 1-807-229-8627  
Fax: 1-807-229-8628

### Dryden

Tel: 1-807-223-5948  
Fax: 1-807-223-3943

### Kenora

Tel: 1-807-467-4757  
Fax: 1-807-468-1437

### Fort Frances

Tel: 1-807-274-8561  
Fax: 1-807-274-0844

### Sioux Lookout

Tel: 1-807-737-2349  
Fax: 1-807-737-3017

### Red Lake

Tel: 1-807-727-3455  
Fax: 1-807-727-2484

### Atikokan

Tel: 1-807-597-2159  
Fax: 1-807-597-6760

### Rainy River

Tel: 1-807-852-3955  
Fax: 1-807-852-1077

### Nipigon

Tel: 1-807-887-5862  
Fax: 1-807-887-1184

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### Home and Community Care Support Services North West (Head Office)

961 Alloy Dr. Thunder Bay, ON P7B 5Z8  
Phone: 807-345-7339 | Toll-free: 1-800-626-5406  
Fax: 807-346-4625