





- The nurse will review with the patient/family where to store the medications (away from children and pets in a safe, secure, cool dry place – preferably out of sight) and how to safely dispose of any unused medications when no longer needed. The nurse will document the secure location of the medication, agreed upon by the patient and family.

### **Administering the Medication**

The service provider nurse will utilize the SBAR (Situation, Background, Assessment, and Recommendation) communication format to communicate the use of medications from the Symptom Response Medication Package.

Depending on the presenting symptom, the nurse will:

- Assess that the order is appropriate for the patient's condition/symptom.
- Open seal to symptom response medications.
- Document count at arrival and count at end of each visit using the medication count sheet. Count ampules/vials and any pre-filled syringes. Report any discrepancies to your manager.
- Select the appropriate medication per the written order on the Palliative Symptom Response Order Form.
- Confirm the medication is on the written order and administer the medication according to the written order.
- Inform the most responsible practitioner (MD/NP) of symptom assessment and medication administered.
- If indicated, request an order for ongoing medication to treat the patient's symptoms.

Once a medication is administered as ordered, the nurse will:

- Document administration on the Medication Administration Record (MAR) and efficacy in the patient record.
- Document any waste of unused medications.
- Prepare and label any pre-filled syringes for client/caregiver administration if needed. Stability of medications should be considered when pre-filling syringes to avoid excess waste (a syringe is not considered an end container and should be used within 24 hours).
- Document on medication count sheet what was pre-filled.
- Document teaching completed to caregiver related to how to administer medication and confirmation of competency to administer the pre-filled syringes.
- Provide education to the patient/caregiver on the use of injectable medications and expectations of documentation and counts when used.
- Re-secure unused symptom response medications.

### **Safe Disposal Practices**

- Service provider nurses are required to order a BIOMED waste container whenever a controlled substance like opioids and supplies are to be used for the patient.
- The BIOMED waste container includes instructions to provide patients/caregivers, when to contact the HCCSS HNHB for pick up, and how to prepare medications for pick up in the BIOMED waste container.
- The nurse is to let the HCCSS HNHB Care Coordinator know when a BIOMED pick up is required.
- The HCCSS HNHB Care Coordinator authorizes pickup by ordering BIOMEDPU.

## Appendix A: Palliative Symptom Response Order Form

HOME AND COMMUNITY CARE  
SUPPORT SERVICES  
Hamilton Niagara Haldimand Brant

SERVICES DE SOUTIEN À DOMICILE  
ET EN MILIEU COMMUNAUTAIRE  
Hamilton Niagara Haldimand Brant

### Palliative Symptom Response Order Form

Contact the HCCSS HNHB at 1-800-810-0000

Patient Name \_\_\_\_\_ HCN \_\_\_\_\_ VC \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Patient Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

NB: This order set is intended for a one-time short-term supply of medications (48 hours) if patient becomes unable to swallow. Please send separate prescription for ongoing medication orders.

Prescriber Initials	Medication / Directions	Mitte
<b>For Pain and/or Dyspnea</b>		
	Morphine _____ mg subcut q _____ h PRN (suggest 2 – 5 mg subcut q4 h PRN for opioid naive patient) --- OR ---	5 x 1mL of 10 mg/mL (LU 481)
	HYDROMORPHONE _____ mg subcut q _____ h PRN (suggest 0.5 – 1 mg subcut q4 h PRN for opioid naive patient)	<input type="checkbox"/> 5 x 1mL of 2 mg/mL OR <input type="checkbox"/> 5 x 1mL of 10 mg/mL
<b>For Nausea and/or Vomiting</b>		
	Haloperidol 0.5 – 1 mg subcut q4-6 h PRN	5 x 1mL of 5 mg/mL
<b>For Delirium and/or Agitation</b>		
	Haloperidol 1 – 2 mg subcut q2-4 h PRN --- OR ---	5 x 1mL of 5 mg/mL
	Methotrimeprazine (Nozinan) 6.25 – 12.5 mg subcut q6-8 h PRN	5 x 1mL of 25 mg/mL (LU 490)
<b>For End Stage Wet Respiratory Secretions</b>		
	Scopolamine 0.4 mg subcut q4-6 h PRN --- OR ---	5 x 1mL of 0.4 mg/mL (LU 481)
	Glycopyrrolate 0.2 – 0.4 mg subcut q2-4 h PRN	5 x 1mL of 0.2 mg/mL (LU 481)
<b>For Seizures</b>		
	Midazolam 5 mg subcut STAT. Repeat q10 min PRN (max 3 doses)	3 x 1mL of 5 mg/mL (LU 495)
<b>For Fever &gt; 38.5 °C and/or Pain</b>		
	Acetaminophen 650 mg per rectum q4 h PRN	4 x 650 mg suppositories
<b>For Anxiety and/or Dyspnea</b>		
	LORAZEPAM 1 mg oral/sublingual q4-6 h PRN (add drops of water to dissolve)	10 x 1 mg oral tablet
<b>For Urinary Retention</b>		
	Foley Catheter insertion PRN (Size 14 French; or _____) Irrigate with _____ mL NS PRN	

FAX completed Orders to HCCSS HNHB Intake & Extended Hours at 1-866-655-6402.

Note: Processing of this order form requires 24 hours  Check here if order is URGENT (within 4 hours)

Signature \_\_\_\_\_  
Referring Practitioner Name \_\_\_\_\_ CPSO/CNO# \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (day) \_\_\_\_\_ Phone (night) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Version 21-001

Print

Clear



**Appendix B: Patient and Family Information about Symptom Response Medication**