

| Patient Information: | | Diagnosis: | |
|------------------------|--|------------------|--|
| Patient Name: | | Health Card No.: | |
| Address: | | Telephone No.: | |
| Date of Birth (Y/M/D): | | Allergies: | |

MRP must be notified when initiated to inform of clinical change and ensure ongoing prescriptions ordered.
The following are orders to be used at nursing discretion, please call with any questions or if you are in need of support.

PRE-DETERMINED SCRIPT – DO NOT MODIFY- if substitution needed send script separately

| Symptoms | Medication | Concentration | Description/Instructions | Quantity Mitte |
|---|--|---------------|--|---|
| Pain, Dyspnea | <input type="checkbox"/> Morphine | 15mg/ml OR | _____mg sc q 1hr PRN | 6 vials dispense 3 vials at a time |
| | <input type="checkbox"/> Hydromorphone | 2mg/ml OR | _____mg sc q 1hr PRN | |
| | <input type="checkbox"/> Hydromorphone | 10mg/ml OR | _____mg sc q 1hr PRN | |
| Agitation/ Delirium | Haldol | 5mg/ml | Mild Delirium: 0.5mg – 1 mg sc q 4hr PRN Moderate/Severe Delirium/Agitation: 2 mg sc q1hr PRN to a max of 3 doses for control, then 2mg sc q 4hr PRN for maintenance. If ineffective, use Nozinan. Please notify MRP. | 6 amps dispense 3 amps at a time |
| | Methotrimeprazine | 25mg/ml | Moderate/Severe Delirium: 12.5mg sc q 4hr PRN and call MRP | 2 amps |
| | Lorazepam | 0.5mg tabs | Haldol to be attempted first for anxiety/agitation. Please notify MRP prior to use. 0.5-1 mg PO q2hr PRN | 4 tabs |
| Dyspnea refractory to narcotics | Midazolam LU Code 495 | 5mg/ml | For any refractory symptoms: 1-2 mg sc q1hr PRN – and call MRP for further instructions | 2 x 1ml vials R:1 |
| | Lorazepam | 0.5 mg tabs | 0.5-1 mg PO q2hr PRN | N/A |
| Terminal Secretions | Glycopyrrolate LU Code 481 | 0.2mg/ml | For terminal secretions at end of life: 0.4 mg sc q4hr PRN | 4x 2ml vials |
| Seizures | Midazolam | 5mg/ml | Seizures lasting >1-2mins: 2.5mg-5mg sc q 15mins PRN to a max of 3 doses – and call MRP | N/A |
| Nausea | Haldol | 5mg/ml | 0.5 – 1 mg sc q 4hr PRN | N/A |
| | Olanzapine ODT | 5mg | 5mg SL od PRN | 3 tabs |
| Fever | Tylenol Suppository | 650mg | For temp > 38.5°C 1 supp PR q4hr PRN | 2 supps |
| Constipation | Bisacodyl | 10mg | 10mg PR od PRN | 2 supps |
| Please indicate if additional supplies are needed by checking the box: | | | | |
| <input type="checkbox"/> Urinary retention | MSCAT147 MSTR51; MSURB101 | - | Insert foley PRN (please provide kit) 14 fr will be provided unless otherwise specified _____ *Average size ordered is 14-16fr. | 1 Foley/kit & bag |
| <input type="checkbox"/> Pulmonary edema from Heart failure | Lasix LU Code 481 | 10mg/ml | 20mg sc q 2-4hr PRN for SOB. ***Only indicated for pts with a previous hx of Congestive heart failure and previous use of parenteral Lasix. (pulmonary edema) | 2 x 4ml |

| Prescriber Information: | | | |
|---|--|--------------------------|--|
| Physician/Nurse Practitioner Name: | | CPSO/CNO No.: | |
| Physician/Nurse Practitioner Signature: | | Date: | |
| Daytime Phone No.: | | After hours/On-Call No.: | |

After signing for one opiate & signing RX, fax this form to Ontario Health atHome **905-855-8989**

Supplies are enough for short-term use (12-24 hours) ONLY. **Please write a prescription with ongoing orders for ANY medication expired or needing refills.**

Pharmacy Service Provider: Bayshore Specialty Rx: Call 1-888-313-6988 for any questions or concerns. Bayshore Fax 1-888-287-8577