



PALLIATIVE SYMPTOM RELIEF KIT (SRK) PRESCRIPTION Hospice Palliative Care Teams for Central LHIN POLICY

1. This is a physician's order to be implemented by a Registered Nurse when symptoms require urgent intervention to facilitate a comfortable home death.
2. The Attending Physician is to be notified as soon as possible regarding change in patient's condition and need for ongoing prescription(s).
3. EDITH (Expected Death in the Home) protocol should be in place.
4. Completed prescription to be FAXED to Pharmacy [Calea / Atrium (South Simcoe)] and CCAC

Date: _____ **Patient Name:** _____
(Last Name, First Name)

Address for Delivery: _____

<p>ANXIETY or SEIZURE: <input type="checkbox"/> Lorazepam tab 1mg Dispense: 10 tabs P.O. (not S/L formulation) 1-2 tabs PO/SL q2hr PRN. May crush or dissolve in water to put under tongue.</p>	<p>DELIRIUM: <input type="checkbox"/> Haloperidol Inj 5mg/ml Dispense: 3 amps of 5mg 2mg SC (0.4ml) q1hr until settled, then 2mg q3-4hr PRN</p>		
<p>EXCESS PULMONARY SECRETIONS: <input type="checkbox"/> Atropine 1% Eye Drops Dispense: 5ml 2 drops SL or buccal q3h PRN</p>	<p>NAUSEA: <input type="checkbox"/> Zyprexa Zydis 5mg Rapid Dissolve Tab (Olanzapine) Dispense: 5 tabs PO once daily, placed on tongue</p>		
<p>PAIN and/or SHORTNESS OF BREATH: <u>CHOOSE ONLY ONE OPIOID</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Hydromorphone (Dilaudid) Inj 10mg/ml Dispense: 4 amps Opioid naïve patients with moderate to severe pain or dyspnea usually require 1-2mg sc q1h PRN. <i>(0.1ml to 0.2ml) use 1cc syringe with needle</i> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Morphine Inj 15mg/ml Dispense: 10 amps Opioid naïve patients with moderate to severe pain usually require 2-5mg sc q1h PRN. <i>(2mg=0.13ml; 3mg=0.2ml; 4mg=0.26ml; 5mg=0.33ml) use 1cc syringe with needle</i> </td> </tr> </table> <p>If patient is already on oral hydromorphone / morphine, to convert from patient's usual dose, take total daily dose and calculate half to give total parenteral daily dose. Parenteral dose should be divided up over 24 hours.</p> <p>DIRECTIONS (Note – Nurse to use separate butterfly for each medication):</p>		<input type="checkbox"/> Hydromorphone (Dilaudid) Inj 10mg/ml Dispense: 4 amps Opioid naïve patients with moderate to severe pain or dyspnea usually require 1-2mg sc q1h PRN. <i>(0.1ml to 0.2ml) use 1cc syringe with needle</i>	<input type="checkbox"/> Morphine Inj 15mg/ml Dispense: 10 amps Opioid naïve patients with moderate to severe pain usually require 2-5mg sc q1h PRN. <i>(2mg=0.13ml; 3mg=0.2ml; 4mg=0.26ml; 5mg=0.33ml) use 1cc syringe with needle</i>
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<p>ADDITIONAL MEDICATIONS:</p>			
<p>CCAC TO USE ESTABLISHED PROCESSES TO ORDER THE FOLLOWING SUPPLIES:</p> <p>CATHETER KIT: Yes <input type="checkbox"/> No <input type="checkbox"/> Size: ____</p> <p>SUPPLIES: Alcohol swabs (20), TB syringes (10), Butterfly (2), Tegaderm (4), PRN adaptor (2), Gloves (2 pairs), Transpore tape</p>			

Physician Signature _____ Print Physician Name _____ CPSO# _____

Physician Contact Numbers:

Office _____ Pager _____ Cell _____ Fax _____