Symptom Relief Kit

Guidelines

Hospice Palliative Care Teams for Central LHIN
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1. **Definition**

The Symptom Relief Kit (SRK) is a standardized package of medications and related medical supplies provided to a patient who is approaching end-of-life for the purpose of relieving unanticipated or rapidly escalating symptoms.

2. **Why Order a SRK?**

While it is predictable that patients facing end-of-life are likely to experience increasing symptoms, sometimes the timing of these symptoms is not predictable. Having a SRK on hand ensures that the community nurse has a well thought out tool kit and instructions to make it possible for the nurse to respond quickly and appropriately to ease the patient’s unanticipated or rapidly escalating symptoms. At this time the SRK is the only available option for emergency symptom management for in-home patients when the patient’s physician is not immediately available.

The SRK is not intended to replace the need for proper clinical assessment leading to well defined care plans that properly identify potential issues.

3. **When should the SRK be Ordered?**

The decision regarding when the SRK goes into the home should be a part of the development of the patient’s overall plan of care. The development of the plan should involve the patient, the patient’s family, the attending physician, the Community Nurse, CCAC Care Coordinator, HPC Teams Clinical Nurse Consultant and any other members of the patient’s care team.
The timing and placement of the SRK requires careful consideration. Placing the SRK in the home prematurely may result in the expiry of the medication. Placing the SRK in the home too late in the patient’s disease process could cause delay in the management of his/her symptoms and may result in an Emergency Room or hospital admission.

Patients who are approaching the end of life phase of their illness with a Palliative Performance Scale (PPS)* of 40% or less or are deteriorating rapidly should have a kit in place. (* see Appendix 1).

4. **Accessing the SRK**

It is appropriate to use the SRK in emergency situations when:

- The patient has sudden symptoms that cannot be managed at home by the medication already available to the patient; or
- It is not possible to access the patient’s physician and/or pharmacy quickly enough to relieve the patient’s symptoms through additional prescriptions; or
- The symptoms are of such intensity that, without the SRK, a visit to the emergency room would be required.

5. **Disposal of the SRK and of Unused Medications**

The SRK is for the use of the designated patient only. Both the Pharmacy Act and the Standards of Practice for Pharmacists require that any medications and/or supplies remaining in the kit that have been ordered for the patient as a part of a kit, must be disposed of and destroyed after the designated patient has died. The Community Nurse must ensure the family are aware that any unused medications must be disposed of by placing them in the bio-hazard waste container. The Community Nurse must contact the CCAC Care Coordinator to request ‘pickup’ of the waste container. The pharmacy will destroy the unused contents of the SRK in accordance with the Standards of Practice.

The reason that the remaining medications and supplies cannot be used by another patient is to protect the safety of the consumer and for infection control reasons. The SRK is not under the pharmacy control once it is in the home. It is possible, for example, that the kit was stored at an incorrect temperature or in an unsterile environment. Ensuring patient safety outweighs the relatively small financial loss incurred by discarding unused medications.
6. **Contraindications to Ordering the SRK**

A SRK is contraindicated for patients in the home when:

- The patient’s death is imminent, and specific medications should be ordered for end-of-life care;
- The patient is a child whose weight is such that medications and/or dosages require special consideration;
- The patient is incapable and there is no caregiver in the home who can be responsible for the SRK;
- There is evidence of substance use disorder by the patient and/or family and no effective plan can be implemented to prevent medication misuse;
- There is evidence that the medication in the SRK could be used in ways other than the intended purpose; and/or
- The security of the SRK in the home cannot be guaranteed.

7. **Process for Ordering the SRK**

- The decision to order the SRK is made collaboratively between the Community Nurse, CCAC Care Coordinator and the Physician, based on the PPS < 40%, and other signs and symptoms indicating that the patient is nearing the end-of-life or rapidly deteriorating.

- The physician completes the *Palliative Symptom Relief Kit Prescription*, checking the medications of choice and faxing it to the pharmacy and the CCAC. The physician can also order a catheter to be provided with the SRK by checking this section on the *Palliative Symptom Relief Kit Prescription*.

- To comply with the Narcotics Safety & Awareness Act, 2010, the prescription must include the patient identification number and type identification (eg. Health Card, Driver’s License). The prescribing physician must also record their College registration number on the prescription.

- The CCAC Care Coordinator will fax the *Palliative Symptom Relief Kit Prescription* to any physician who does not have the form, requesting a completed returned copy. A copy of the *Palliative Symptom Relief Kit Prescription* can be downloaded from the CCAC Extranet or the HPC Teams for Central LHIN website.

- The CCAC Care Coordinator faxes the order to the nursing agency and the pharmacy (Calea or Bayshore), and orders the appropriate medical supplies to support the SRK, using the regular CCAC process.
Symptom Relief Kit Guidelines

- Supplies need to be ordered if not already in the home including: 1 waste container, 20 alcohol swabs, 2 sc butterfly needles, 10 1cc (TB) syringes with 25 gauge needles, 4 (10 x 12) cm Tegaderm, 2 pairs Gloves, 2 PRN adaptors, Transpore Tape.

- The CCAC pharmacy provider prepares and delivers the SRK and supplies to the home using the regular CCAC process.

- The Community Nurse educates the patient & family about the SRK. This education includes the purpose of the SRK, precautions, safe storage of the kit, and direction for the kit to be used by the primary nurse or physician, unless otherwise instructed by the nurse.

- The Community Nurse documents the location of the kit on the progress notes in the chart and puts the SRK order form on top of the more recent medication orders in the Doctor’s Orders section of the in-home chart. The Nurse also documents the Symptom Relief Kit on the Regular and PRN Medication List in the In Home Chart and checks the box on the front page of the chart to indicate the SRK is in place.

8. Process for Administration of the SRK

- When the patient displays symptoms that require the use of the medications in the SRK, the Community Nurse contacts the physician to discuss the patient’s status and the benefit of medication(s).

- The Community Nurse administers the medication as ordered by the physician and documents on the Medication Administration/Pre-Poured Record.

- The Community Nurse assesses and plans the ongoing treatment with the physician. As a guideline, the Symptom Relief Kit provides medications for approximately 24 hours only.

- **If the nurse is unable to contact the physician when medications in the kit are required**, the nurse administers the medication as ordered for the symptom of concern on the Palliative Symptom Relief Kit Prescription and documents the administration on the Medication Administration/Pre Poured Record. The nurse is responsible for informing the physician and CCAC Care Coordinator immediately or as soon as possible, within 24 hours, that medication has been administered from the SRK. Ongoing treatment plans will be discussed with the physician.
• Medications utilized from the Symptom Relief Kit are never returned to the kit because they have become a part of the treatment plan. Any additional medications will require a new physician’s order and prescription.

• The Community Nurse instructs the family on the appropriate disposal of the kit when it is no longer required. All unused medications are discarded in the bio-hazardous waste container. The CCAC Care Coordinator is contacted to arrange for disposal of the bio-hazard waste container, according to the CCAC process.

9. Assessment of Symptoms and Need for Medications in the SRK

If a Community Nurse is concerned about his/her ability to assess a symptom and/or to evaluate the need for a specific medication, he/she should consult with the patient’s physician and contact the clinical resource nurse or supervisor at their agency for advice. All nurses are accountable for their own decisions and actions and for maintaining competence in their practice (College of Nurses of Ontario, 2006).

10. Turnaround Time to Delivery or Pick-up

It is important to anticipate the needs of the patient and to place the SRK in the patient’s home in a timely manner. All completed paperwork and prescriptions must be received before the pharmacy can process the request for a SRK.

This document was adapted from the Mississauga Halton Symptom Management Kit
Appendix 1 – Palliative Performance Scale
(Reproduced from Victoria Hospice, 2003)

<table>
<thead>
<tr>
<th>PPS Level</th>
<th>Ambulation</th>
<th>Activity &amp; Evidence of Disease</th>
<th>Self-Care</th>
<th>Intake</th>
<th>Conscious Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>Full</td>
<td>Normal activity &amp; work</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No evidence of disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90%</td>
<td>Full</td>
<td>Normal activity &amp; work</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some evidence of disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>Full</td>
<td>Normal activity with Effort</td>
<td>Full</td>
<td>Normal or reduced</td>
<td>Full</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some evidence of disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70%</td>
<td>Reduced</td>
<td>Unable Normal Job/Work</td>
<td>Full</td>
<td>Normal or reduced</td>
<td>Full</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Significant disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60%</td>
<td>Reduced</td>
<td>Unable hobby/house work</td>
<td>Occasional</td>
<td>Normal or reduced</td>
<td>Full or Confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Significant disease</td>
<td>assistance necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50%</td>
<td>Mainly Sit/Lie</td>
<td>Unable to do any work</td>
<td>Considerable</td>
<td>Normal or reduced</td>
<td>Full or Confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extensive disease</td>
<td>assistance required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40%</td>
<td>Mainly in Bed</td>
<td>Unable to do most activity</td>
<td>Mainly</td>
<td>Normal or reduced</td>
<td>Full or Drowsy +/- Confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extensive disease</td>
<td>assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td>Totally Bed Bound</td>
<td>Unable to do any activity</td>
<td>Total Care</td>
<td>Normal or reduced</td>
<td>Full or Drowsy +/- Confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extensive disease</td>
<td>Total Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20%</td>
<td>Totally Bed Bound</td>
<td>Unable to do any activity</td>
<td>Total Care</td>
<td>Minimal to sips</td>
<td>Full or Drowsy +/- Confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extensive disease</td>
<td>Total Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10%</td>
<td>Totally Bed Bound</td>
<td>Unable to do any activity</td>
<td>Total Care</td>
<td>Mouth care only</td>
<td>Drowsy or Coma +/- Confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extensive disease</td>
<td>Total Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0%</td>
<td>Death</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Palliative Performance Scale Aug 23, 2003

Used with permission Victoria Hospice Society, 2003

Hospice Palliative Care Teams for Central LHIN
GL-HPC-03 Symptom Relief Kit Guidelines – Oct 2013
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 / Bayshore] and CCAC

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

Gender:  
Health Card No:  
(or other ID as required under Narcotics Safety Awareness Act)

DOB:  
Address for Delivery:  

ANXIETY or SEIZURE:
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.

DELIRIUM:
Haloperidol Inj 5mg/ml
Dispense: 3 amps of 5mg
2mg SC (0.4ml) q1hr until settled, then 2mg q3-4hr PRN

EXCESS PULMONARY SECRETIONS:
Atropine 1% Eye Drops
Dispense: 5ml
2 drops SL or buccal q3h PRN

NAUSEA:
Zyprexa Zydis 5mg Rapid Dissolve Tab (Olanzapine)
Dispense: 5 tabs
PO once daily, placed on tongue

PAIN and/or SHORTNESS OF BREATH:
CHOOSE ONLY ONE OPIOID

- 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.
  (0.1ml to 0.2ml) use 1cc syringe with needle

- Morphine Inj 15mg/ml
  Dispense: 10 amps
  Opioid naïve patients with moderate to severe pain usually require 2-5mg SC q1h PRN.
  (2mg=0.13ml; 3mg=0.2ml; 4mg=0.26ml; 5mg=0.33ml) use 1cc syringe with needle

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.

DIRECTIONS (Note – Nurse to use separate butterfly for each medication):

ADDITIONAL MEDICATIONS:

CCAC TO USE ESTABLISHED PROCESSES TO ORDER THE FOLLOWING SUPPLIES:

- Catheter Kit: Yes  No  Size: ___
- Supplies: Alcohol swabs (20), TB syringes (10), Butterfly (2), Tegaderm (4), PRN adaptor (2), Gloves (2 pairs), Transpore tape

Physician Signature  
Print Physician Name  
CPSO# (required)

Physician Contact Numbers:

Palliative Symptom Relief Kit Prescription – CCAC 159 April 2010
### Symptom Relief Kit Guidelines

**Temmy Latner Centre for Palliative Care**

**Symptom Management Kit Prescription Form**

<table>
<thead>
<tr>
<th>Opioid Analgesic (choose one opioid option only)</th>
<th>DIRECTIONS</th>
<th>MITTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine 15 mg/ml injectable 1 ml vial</td>
<td>As directed by physician</td>
<td>3</td>
</tr>
<tr>
<td>Hydromorphone 2 mg/ml injectable 1 ml vial</td>
<td>As directed by physician</td>
<td>3</td>
</tr>
<tr>
<td>Hydromorphone 10 mg/ml injectable 1 ml vial</td>
<td>As directed by physician</td>
<td>3</td>
</tr>
</tbody>
</table>

**MEDICATION**

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>DIRECTIONS</th>
<th>MITTE</th>
</tr>
</thead>
</table>
| Haloperidol 5 mg/ml Injectable 1 ml vial      | *For nausea and vomiting:* 0.5 – 1 mg. sc q8h pm  
*For delirium/agitation:* 1 -2 mg. sc q1h pm until controlled then 2 mg. q 6 h sc pm | 3    |
| Lorazepam 1 mg Tablet                         | *For sedation:* 1 – 2 mg. SL q2h prn (crush tablet and mix with small amount of water) | 6    |
| Midazolam 5mg/ml Injectable 1 ml vial         | As directed by physician | 2    |
| Scopolamine 0.4 mg/ml Injectable 1 ml vial    | *For excess respiratory secretions:* 0.4 mg. sc q4h prn | 3    |
| Acetaminophen 650 mg Suppository              | 650 mg. pr q4h for temp > 38.5°C | 2    |

**SUPPLIES**

- Catheter kit (specify size: _________)
- Alcohol swabs (20); TB syringes (10); Butterfly (2); Tegaderm (4); PRN adaptor (2); Gloves (2 pairs); Transpore tape; Toothette mouth swabs (6)

**Physician Name (PRINT):** ____________________________

**Physician Signature:** ____________________________

**CPSO #:_______(PCFA)**

**Phone #: 416-586-5133**

**Fax #: 416-586-4804**

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Hospice Palliative Care Teams for Central LHIN

GL-HPC-03 Symptom Relief Kit Guidelines – Oct 2013
Appendix 3 – Flow Chart on Process for Ordering the Symptom Relief Kit

**Process for Ordering the Symptom Relief Kit**

**CCAC Case Manager, Community Nurse, Physician**

- CCAC Care Coordinator, community nurse & physician collaboratively determines need for SRK based on:
  - PPS Score
  - Other indications patient nearing EOL stage
  - Deteriorating rapidly

**Physician**

- If physician agrees, he/she completes SRK order form, checking choice of medications
- Physician faxes to pharmacy & CCAC

**Case Manager**

- CCAC Care Coordinator faxes order form to physicians who do not have form & request completed form faxed back to pharmacy & CCAC
- CCAC Care Coordinator determines need for medical supplies to support SRK
- CCAC Care Coordinator assesses need for ordering a catheter & supplies to have in home

**Supplies to be ordered includes:**
- Waste container
- 2 23 or 25 gauge butterfly sc needles
- 20 Alcohol wipes
- 4 Tegaderm
- 10 1cc syringe with 25 gauge needle
- 2 PRN adaptors
- 2 Pair gloves
- Transpore Tape

**Pharmacist**

- Pharmacist prepares SRK
- Pharmacist delivers SRK with supplies to home

**Community Nurse**

- Community nurse provides education to family & for patient re: SRK
- Community nurse documents location of kit on progress notes in chart and places SRK order form on top of most recent medication orders in chart
- Community nurse documents SRK on Regular & PRN Medication List in the chart

**Education to family&/or patient includes:**
- Purpose
- Precautions
- How to store kit
- Need for kit to be use only by nurse or physician (unless otherwise instructed by nurse)
Symptom Relief Kit Guidelines

Appendix 4 – Flow Chart on Process for Administration and Disposition of the SRK

Process for Administration and Disposition of the SRK

Administration of SRK

When patient displays symptoms & requires medications in SRK

Nurse contacts physician to discuss patient status & benefit of medication(s) in SRK

Yes → Nurse administers medication per physician order & documents on Med Admin/Pre-Poured Record in In home Chart

No → Nurse administers medication based on order for symptom of concern & documents on Med Admin/Pre-Poured Record in In home Chart

Disposition of SRK

When kit is no longer required

Nurse instructs family to place all unused medications in bio-hazardous waste container

Nurse contacts CCAC to request pick up of waste by pharmacy vendor

Nurse informs physician of medication administration asap, with 24 hours

Nurse contacts CCAC Care Coordinator with update in patient care plan

Nurse responsible to assess & plan ongoing treatment plan with physician

As a guideline SRK provides medications for approx. 24 hours only