

Manitoulin Symptom Relief Kit Prescription Order Form

Name:	Date:
DOB (DD/MM/YYYY):	HCN:
Allergies:	
Address:	
Telephone #:	Status Card (if applicable):

Standard Orders	
<p>Anxiety/Agitation/Seizures LORAZEPAM 1MG TABLETS Give 1-2 tablets PO or SL Q2H PRN <i>*May crush and dissolve in water to put under tongue*</i> Quantity: 8 tablets</p> <p>Excessive Pulmonary Secretions (YELLOW) ATROPINE 1% EYE DROPS Give 2 drops SL or BUCCAL Q2-4H PRN Quantity: 1 bottle (5mL)</p> <p><i>If Atropine unavailable:</i> GLYCOPYRROLATE INJ 0.2MG/ML Give 0.2-0.4mg SC Q2-4H PRN Quantity: 5 vials x 2mL <input type="checkbox"/> LU Code: 481</p> <p>Delirium/Agitation/Nausea (GREEN) HALOPERIDOL INJ 5MG/ML <u>For delirium/agitation:</u> Give 1-2mg (0.2-0.4mL) SC Q1H PRN until delirium/agitation controlled. Thereafter, give 1-2mg (0.2-0.4mL) SC Q4H PRN for delirium/agitation <u>For nausea:</u> Give 0.5-1.0mg (0.1-0.2mL) SC Q8H PRN Quantity: 5 ampoules x 1mL</p> <p>Anticipatory and Catastrophic Events At Risk for Terminal Bleed/Seizures (BLUE) MIDAZOLAM INJ 5MG/ML Give 2.5-5mg (0.5-1mL) SC. May repeat Q20min x 3. <i>*Notify MD/NP if used*</i> Quantity: 2 ampoules x 2mL <input type="checkbox"/> LU Code: 495</p>	<p>Pain and/or Shortness of Breath (RED) Patients Current Opioid Dose: _____ <i>N.B. When rotating between opioids, ensure to account for incomplete cross tolerance (25-50%)</i></p> <p style="text-align: center;">SC Dose = ½ PO Dose (5mg SC = 10mg PO)</p> <p>CHOOSE ONE OF: <input type="checkbox"/> HYDROMORPHONE _____mg SC q____h AND _____mg SC q____h PRN Quantity: Ten (10) 2mg/mL ampoules x 1mL <i>E.g., Give 0.5-1.0mg SC Q2H PRN if <u>opioid naive</u></i></p> <p>OR <input type="checkbox"/> MORPHINE _____mg SC q____h AND _____mg SC q____h PRN Quantity: Five (5) 10mg/mL ampoules x 1mL <input type="checkbox"/> LU Code: 481 <i>E.g., Give 2.5-5mg SC Q2H PRN if <u>opioid naive</u></i></p>
Additional Orders	
Supply kit (SIV 0220) (quantity of 1)	

1. **Prescribers:** Fax to patients pharmacy of choice:
 I. Guardian Pharmacy – Gore Bay (705-282-0792), Little Current (705-368-2077), Manitowaning (705-859-2280), or Mindemoya (705-377-5310)
 II. Edgewater Pharmacy – Little Current (705-368-3131) **AND**
 2. **Pharmacists:** Fax to Ontario Health atHome (705-522-3855) to ensure CC can order supplies to patients pharmacy of choice

Prescriber Signature	Print Prescriber Name	CPSO/CNO#
Office Telephone #	Cellphone #	Fax #