

## Symptom Response Kit for End-of-Life Order Form

Please fax your completed form to the appropriate Ontario Health atHome branch:

**Central East:** 1-855-352-2555

**Champlain:** 613-745-1680

**South East:** 1-866-839-7299

Timing and placement of the Symptom Response Kit (SRK) requires careful consideration (i.e. prognosis is less than six months; patient expected to deteriorate quickly) with goal of avoiding emergency room visit or hospital admission. Medications in the SRK will expire; therefore, will need to be reviewed and reordered by the physician/Nurse Practitioner (NP) if it remains appropriate. Consider reviewing goals of care and expected home death protocols.

<b>Patient Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>		<b>City:</b>	
<b>Postal Code:</b>		<b>Health Card Number:</b>	
<b>Allergies:</b>			
<b>Prescriber:</b> Select which medications are to be included in the SRK by placing your initials in the column to the left of the medication. For each medication selected, complete the specific order portion found along the row selected. <b>Please be mindful that all selected medications will be dispensed, keeping in mind the need to minimize waste.</b>			

Nurse to contact prescriber prior to initiating SRK? YES NO

If **yes**, ensure 24-hour contact information available. If **no**, nurse to contact MRP as soon as possible once SRK initiated to confirm opioid dosing and ongoing medication management.

### Select Opioid(s)

Indication		Initial	Medication (OPIOIDS)	Concentration	Route	Dose/Frequency		Volume to Dispense	ODB/Limited Use Code
Pain	Dyspnea								
✓	✓		Morphine	2mg/ml	Subcut	mg	q1h PRN	5 mL	481
✓	✓		Morphine	10mg/ml	Subcut	mg	q1h PRN	5 mL	481
✓	✓		Hydromorphone	2mg/ml	Subcut	mg	q1h PRN	5 mL	ODB
✓	✓		Hydromorphone	10mg/ml	Subcut	mg	q1h PRN	5 mL	ODB

### Select Medication(s) for Other Symptom Management

Indication					Initial	Medication	Concentration	Route	Dose/Range/Frequency		Volume to Dispense	ODB/Limited Use Code
Oropharyngeal Secretions	Agitation/Delirium	Nausea/Vomiting	Anxiety	Dyspnea								
✓						Scopolamine <u>OR</u>	0.4 mg/ml	Subcut	0.4mg	q4h PRN	6mL	481
✓						Glycopyrrolate <u>OR</u>	0.2 mg/ml	Subcut	0.4mg	q2h PRN	12mL	481
✓						Atropine	1% gtts; 1gtts=0.5mg	Buccal mucosa	1-2 gtts	q4h PRN	5mL	ODB

**Prescriber Signature:** \_\_\_\_\_

<b>Patient Name:</b>	<b>Date of Birth:</b>
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Indication					Initial	Medication	Concentration	Route	Dose/Range/ Frequency		Volume to Dispense	ODB/ Limited Use Code
Oropharyngeal Secretions	Agitation/Delirium	Nausea/Vomiting	Anxiety	Dyspnea								
	√	√				Haloperidol	5 mg/ml	Subcut	mg	q4h PRN	5mL	ODB
	√		√	√		Midazolam	5 mg/ml	Subcut	mg	q1h PRN	5mL	495
	√	√	√	√		Methotrimeprazine	25 mg/ml	Subcut	mg	q4h PRN	3mL	ODB
		√				Metoclopramide	5 mg/ml	Subcut	mg	q4h PRN	10mL	481
Acute Seizure/ Catastrophic Bleed <i>*If used contact MRP</i>						Midazolam	5 mg/ml	Subcut	mg	may repeat x1 after 5 min. if crisis persists	5mL	495
Other:												
<b>Other Orders:</b>					Insert foley catheter PRN* Size:	Flush foley catheter and change PRN*			Insert subcutaneous line PRN			

\* Catheters are not automatically included, Care Coordinator will order catheter and catheter flushing supplies separately

<b>Prescriber Name:</b>				<b>Signature:</b>			
<b>Address:</b>						<b>Date:</b>	
<b>CPSO#/REG#:</b>			<b>Primary Phone:</b>		<b>After-hours:</b>		<b>Fax:</b>

As of _____, _____ (Physician/NP Name) will be assuming the role of most responsible provider for this patient. They are aware a Symptom Response Kit has been requested.				
<b>Physician/NP Name:</b>				
<b>Primary Phone:</b>		<b>After-hours:</b>	<b>Cell:</b>	<b>Fax:</b>

**Note:** This form is **NOT TO BE USED FOR ORDERING PAIN PUMPS OR HYDRATION**. Supplies will be arranged by Care Coordinator.

Cancer Care Ontario Guides to Practice: <https://www.cancercare.on.ca/toolbox/symptools/>

Opioid Medication	Symptom(s)	Dosing Guidelines
<b>Morphine</b>	<b>Pain</b>	<b>Opioid Naïve Patient:</b> 1-2 mg q1hr subcut PRN - Start at a lower dose (e.g. 0.5-1mg) if patient is frail and/or has severe COPD <b>Patient on Opioids:</b> Subcut Dose = ½ oral dose. If on short acting divide dose by 2. If on 12 hour long acting divide total daily dose by 2, then by 6 to convert to q4hr regular dose
	<b>Dyspnea</b>	<b>Opioid Naïve Patient:</b> 0.5-1 mg subcut q1hr PRN
<b>Hydromorphone (Dilaudid)</b>	<b>Pain</b>	<b>Opioid Naïve Patient:</b> 0.2- 0.5 mg q1hr subcut PRN - Start at a lower dose (e.g. 0.1-0.2 mg) if patient is frail and/or has severe COPD - Order concentration of 2mg/ml to obtain low doses <b>Patient on Opioids:</b> Subcut Dose = ½ oral dose. If on short acting divide dose by 2. If on 12 hour long acting divide total daily dose by 2, then by 6 to convert to q4hr regular dose <b>Note:</b> 1mg of Hydromorphone = 5mg Morphine
	<b>Dyspnea</b>	<b>Opioid Naïve Patient:</b> 0.1-0.2 mg subcut q1hr PRN

Medication	Symptom(s)	Dosing Guidelines
Haloperidol (Haldol)	Agitation/ Delirium	Starting dose: 0.5-1mg subcut q4hr PRN (once established). In the frail elderly, consider 0.25mg subcut q4hr PRN. <b>Note:</b> if not controlled, consider changing to another agent [i.e. Methotrimeprazine (Nozinan)]
	Nausea/ Vomiting	Starting dose: 0.5-1mg subcut q4hr PRN (once established). <b>Note:</b> In most cases Metoclopramide is the drug of 1st choice for nausea and vomiting. If not available, use small dose of Haloperidol
Methotrimeprazine (Nozinan)	Agitation/Delirium	Starting dose: 2.5-5 mg subcut q4hr PRN
	Nausea/ Vomiting/Anxiety/ Dyspnea	2.5-5mg subcut q4hr PRN <b>Note:</b> In most cases Metoclopramide is the drug of first choice for nausea and vomiting. If not available, may use Methotrimeprazine.
Metoclopramide (Maxeran)	Nausea/ Vomiting/	5mg subcut q4hr PRN <b>Note:</b> In most cases (not in complete bowel obstruction) Metoclopramide is the drug of first choice for nausea and vomiting. If not available, may use Haldol or Methotrimeprazine
Midazolam (Versed)	Seizure	2-5mg STAT subcut: repeat every 5-10min PRN if seizure persists or sedation is not achieved, notify physician/NP as soon as able <b>Note:</b> Further doses could be administered if crisis persists and nurse is unable to reach physician/NP. Pre-drawn high dose Midazolam syringes should be stored separately from other medications and teaching should be provided to patients/families
	Catastrophic bleed/ Dyspnea crisis	5mg STAT subcut: repeat every 5-10min PRN if symptoms persist or sedation is not achieved, notify physician/NP as soon as able <b>Note:</b> Further doses could be administered if crisis persists and nurse is unable to reach physician/NP. Pre-drawn high dose Midazolam syringes should be stored separately from other medications and teaching should be provided to patients/families
	Agitation/Delirium	Starting dose: 0.5mg subcut q1h PRN
	Anxiety	Starting dose: 0.5mg subcut q1h PRN
Scopolamine	Oropharyngeal Secretions	Starting dose: 0.4mg subcut q4h PRN. Scopolamine is more sedating than Glycopyrrolate and may cause/increase delirium.
Glycopyrrolate		Starting dose: 0.4mg subcut q2h PRN. Glycopyrrolate can sometimes be used for non-end-of-life secretion, but may need to be started at a lower dose (0.1-0.2mg).
Atropine		Starting dose: 1-2 gtts q4h prn
<b>For Consideration</b>		
Phenobarbital	Ongoing seizure management	Weight based. May be used for seizure prophylaxis if oral route is lost. Limited Use Code 481.
Dexamethasone	Multiple uses	Consider if patient currently taking oral Dexamethasone. Covered by ODB.
Furosemide	Multiple uses	Consider if patient at-risk for flash pulmonary edema or severe decompensated heart failure when unable to take orally. Limited Use Code 481

*These dosing guidelines were established by a regional interdisciplinary group of practitioners. These guidelines are not a substitute for, and don't provide, medical advice. Any person using these guidelines is required to use independent clinical judgment consistent with their licensed/regulated scope of practice and in the context of individual clinical circumstances.*