

Home and Community Care Support Services
Hamilton Niagara Haldimand Brant

Palliative Symptom Response Order Form Guideline

Purpose

The purpose of the Palliative Symptom Response Order Form is the management of rapid-onset, unanticipated symptoms for patients nearing end of life and are no longer able to swallow oral medications. The medication on this order form is limited to support short duration of symptom management (48 hours) until further assessment and medications are ordered. The presence of symptom response medications in the home, does not replace the healthcare professional's responsibility for ongoing patient assessment, planning and anticipatory symptom management. If indicated, the nurse should request an order for medications and supplies to support symptom management.

Description of Palliative Symptom Response Order Form Process

The Physician / RN (EC) / RN / RPN:

- Identifies potential for sudden change in the patient's symptoms at home that may require an alternative route of administration (e.g., loss of ability to swallow oral medications).
- Consults with the care team to determine appropriateness to use the Palliative Symptom Response Order Form (i.e. goals of care, risk factors, and support in the home).

If it is determined that having symptom response medications in the home is NOT appropriate:

- Continue proactive, on-going monitoring of appropriateness vs. risk.
- Heighten individualized care planning and consider alternate options to support the patient e.g. alternate care setting, additional in-home support, risk mitigation strategies.

If symptom response medications are appropriate to be in the patients home:

- Physician or Nurse Practitioner (RN (EC)) completes the Palliative Symptom Response Order Form and faxes to the Home and Community Care Support Services Hamilton Niagara Haldimand Brant (HCCSS HNHB) and explains the purpose of symptom response medications to the patient and caregiver/family.
- HCCSS HNHB Care Coordinator shares order(s) with pharmacy and nursing agency and orders any relevant medical supplies to accompany and reiterates the purpose of symptom response medications to the patient and caregiver/family if in contact with the patient.
- Pharmacy completes orders and packages them according to legislative requirements.
- Symptom response medications will be delivered within 24 to 48 hours unless marked urgent (within 4 hours).
- Patient/caregiver will be required to provide identification in accordance with the Ontario's Narcotic Strategy under the Narcotics Safety and Awareness Act to receive the narcotics included in the prescribed package.

Palliative Symptom Response Medications in the Home:

- Upon delivery of the Palliative Symptom Response Medications, the service provider nurse will remove documents secured on the outside of the medication package at the next visit to confirm the contents match the prescription.
- The service provider nurse will explain the purpose of symptom response medications to the patient and caregiver/family using the patient information pamphlet as a resource.

- The nurse will review with the patient/family where to store the medications (away from children and pets in a safe, secure, cool dry place – preferably out of sight) and how to safely dispose of any unused medications when no longer needed. The nurse will document the secure location of the medication, agreed upon by the patient and family.

Administering the Medication

The service provider nurse will utilize the SBAR (Situation, Background, Assessment, and Recommendation) communication format to communicate the use of medications from the Symptom Response Medication Package.

Depending on the presenting symptom, the nurse will:

- Assess that the order is appropriate for the patient's condition/symptom.
- Open seal to symptom response medications.
- Document count at arrival and count at end of each visit using the medication count sheet. Count ampules/vials and any pre-filled syringes. Report any discrepancies to your manager.
- Select the appropriate medication per the written order on the Palliative Symptom Response Order Form.
- Confirm the medication is on the written order and administer the medication according to the written order.
- Inform the most responsible practitioner (MD/NP) of symptom assessment and medication administered.
- If indicated, request an order for ongoing medication to treat the patient's symptoms.

Once a medication is administered as ordered, the nurse will:

- Document administration on the Medication Administration Record (MAR) and efficacy in the patient record.
- Document any waste of unused medications.
- Prepare and label any pre-filled syringes for client/caregiver administration if needed. Stability of medications should be considered when pre-filling syringes to avoid excess waste (a syringe is not considered an end container and should be used within 24 hours).
- Document on medication count sheet what was pre-filled.
- Document teaching completed to caregiver related to how to administer medication and confirmation of competency to administer the pre-filled syringes.
- Provide education to the patient/caregiver on the use of injectable medications and expectations of documentation and counts when used.
- Re-secure unused symptom response medications.

Safe Disposal Practices

- Service provider nurses are required to order a BIOMED waste container whenever a controlled substance like opioids and supplies are to be used for the patient.
- The BIOMED waste container includes instructions to provide patients/caregivers, when to contact the HCCSS HNHB for pick up, and how to prepare medications for pick up in the BIOMED waste container.
- The nurse is to let the HCCSS HNHB Care Coordinator know when a BIOMED pick up is required.
- The HCCSS HNHB Care Coordinator authorizes pickup by ordering BIOMEDPU.

Appendix A: Palliative Symptom Response Order Form

HOME AND COMMUNITY CARE
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SERVICES DE SOUTIEN À DOMICILE
ET EN MILIEU COMMUNAUTAIRE
Hamilton Niagara Haldimand Brant

Palliative Symptom Response Order Form

Contact the HCCSS HNHB at 1-800-810-0000

Patient Name _____ HCN _____ VC _____ DOB _____
Address _____ City _____ Province _____ Postal Code _____
Patient Phone # _____ Contact Name _____ Contact Phone _____

NB: This order set is intended for a one-time short-term supply of medications (48 hours) if patient becomes unable to swallow. Please send separate prescription for ongoing medication orders.

Prescriber Initials	Medication / Directions	Mitte
For Pain and/or Dyspnea		
	Morphine _____ mg subcut q _____ h PRN (suggest 2 – 5 mg subcut q4 h PRN for opioid naive patient) ---OR---	5 x 1mL of 10 mg/mL (LU 481)
	HYDROMORPHONE _____ mg subcut q _____ h PRN (suggest 0.5 – 1 mg subcut q4 h PRN for opioid naive patient)	<input type="checkbox"/> 5 x 1mL of 2 mg/mL OR <input type="checkbox"/> 5 x 1mL of 10 mg/mL
For Nausea and/or Vomiting		
	Haloperidol 0.5 – 1 mg subcut q4-6 h PRN	5 x 1mL of 5 mg/mL
For Delirium and/or Agitation		
	Haloperidol 1 – 2 mg subcut q2-4 h PRN ---OR---	5 x 1mL of 5 mg/mL
	Methotrimeprazine (Nozinan) 6.25 – 12.5 mg subcut q6-8 h PRN	5 x 1mL of 25 mg/mL (LU 490)
For End Stage Wet Respiratory Secretions		
	Scopolamine 0.4 mg subcut q4-6 h PRN ---OR---	5 x 1mL of 0.4 mg/mL (LU 481)
	Glycopyrrolate 0.2 – 0.4 mg subcut q2-4 h PRN	5 x 1mL of 0.2 mg/mL (LU 481)
For Seizures		
	Midazolam 5 mg subcut STAT. Repeat q10 min PRN (max 3 doses)	3 x 1mL of 5 mg/mL (LU 495)
For Fever > 38.5° C and/or Pain		
	Acetaminophen 650 mg per rectum q4 h PRN	4 x 650 mg suppositories
For Anxiety and/or Dyspnea		
	LORAZEPAM 1 mg oral/sublingual q4-6 h PRN (add drops of water to dissolve)	10 x 1 mg oral tablet
For Urinary Retention		
	Foley Catheter insertion PRN (Size 14 French; or _____) Irrigate with _____ mL NS PRN	

FAX completed Orders to HCCSS HNHB Intake & Extended Hours at 1-866-655-6402.

Note: Processing of this order form requires 24 hours Check here if order is URGENT (within 4 hours)

Signature _____

Referring Practitioner Name _____ CPSO/CNO# _____

Address _____

Phone (day) _____ Phone (night) _____

Signature _____ Date _____ Time _____

Version 21-001

Print

Clear



Appendix B: Patient and Family Information about Symptom Response Medication

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Patient and Family Information about Symptom Response Medication



If you are receiving palliative care services, your doctor or nurse practitioner may order drugs known as **symptom response medications** to help you manage and relieve your symptoms at home.

Medications and supplies are provided through the Home and Community Care Support Services Hamilton Niagara Haldimand Brant (HCCSS HNHB) and delivered by Calea Pharmacy to your home in a sealed package.

If you know your doctor or nurse practitioner will be ordering these medications, here are some helpful [tips](#) to help you understand the process:

- You or your caregiver are **required, by law, to show your identification to the pharmacy delivery person** when they arrive with your medication package.
- When you receive the medication **DO NOT OPEN the sealed package**. The health care team will open the package when needed.
- **Please call your nurse to report any changes or new symptoms**. At each visit, your nurse will check and manage your medications/supplies to make sure they're ready when needed.
- Always **store these medications away from children and pets in a safe, cool dry place** – preferably out of sight and in a place where your care team can get to the medication easily.
- Medications are to be used only by the designated patient. **They should never be shared with anyone else or kept for future use.**
- Left over medications and supplies should be **put in your biomedical waste container**.
- Contact your HCCSS HNHB Care Coordinator or health care team, and **they will arrange for the no-cost pickup of the biomedical waster container**. To see the list of pharmacies where unused/expired medications can be returned visit this site: <http://healthsteward.ca/province/ontario/>



For more information, contact your visiting nurse, doctor, nurse practitioner or care coordinator.