

Symptom Response Kit (SRK) Medical Orders (Windsor)

Ontario Health atHome end of life SRK is intended to facilitate timely access to a range of medications to relieve a client's symptoms in the home on an urgent basis; thereby; potentially avoiding an emergency department and/or acute care admission.

Name: _____	BRN: _____ <small>(Ontario Health atHome Use Only)</small>
Tx Address: _____	Phone No.: _____
DOB (dd/mm/yy): _____ HCN: _____ VC: _____ PPS: _____	
Primary Caregiver: _____	
Nursing Agency: _____ Care Coordinator/Caseload: _____	

Check off authorized medication orders:

Pain:

- Hydromorphone (2mg/ml) Injectable Sig: _____ mg sc q _____ hr prn
- Hydromorphone (10mg/ml) Injectable Sig: _____ mg sc q _____ hr prn
- Morphine (15mg/ml) Injectable Sig: _____ mg sc q _____ hr prn
- Dexamethasone (4mg/ml) Sig: _____ mg sc q _____ hr prn

Terminal Secretions:

- Instill Atropine 1% gtts, 2-4 gtts q 2 hrs into buccal mucosa prn
- Scopolamine 0.3 - 0.6 mg sc qid prn

Nausea:

- 1st line: Haloperidol (5mg/ml) 0.5-1mg sc q 6 hrs
- 2nd line: Dexamethasone (4mg/ml) Sig: _____ mg sc q _____ hr prn

Generalized Seizures:

- 1st line: Midazolam 5-10mg sc stat then q 30 min- prn
- 2nd line: Lorazepam 1mg po/sublingual Sig: _____ mg po q _____ hr prn (oral tabs can be used sublingual if required)
- 3rd line: Diazepam(10mg/ml) Instill 2mls (20mg) per rectum stat or 5-10 mg IM

Anxiety:

- Lorazepam Sig: _____ mg po q _____ hr prn (oral tabs can be used sublingual if required)
- Haloperidol (5mg/ml) Sig: _____ mg sc q _____ hr prn

Breathlessness:

- 1st Line: Hydromorphone (10mg/ml) Injectable Sig: _____ mg sc q _____ hr prn
- 2nd line: Lorazepam Sig: _____ mg po q _____ hr prn (oral tabs can be used sublingual if required)

Agitation/Delirium/Terminal Restlessness:

- 1st line: Haloperidol (5mg/ml) 2.5-5mg sc q 4 hrs prn
- 2nd line: Methotrimeprazine (25mg/1ml) 6.25-25 mg sc q 4 hrs prn
- 3rd line: Midazolam (5mg/ml) Rx: _____ mg sc q _____ hr prn (Suggested dose 1mg sq q 1 hr and titrate)

Other:

- Furosemide (10mg/ml) Rx: _____ mg sc q _____ hr prn for pulmonary edema
- Other: _____

Please Note:

- EOL orders for clients with PPS of 30% or less and client is unable to swallow oral medications
- Only administer medications that have been checked off by the health care provider**
- Contact health care provider if other symptom management medications required

Physician / Health Care Provider Signature / Title

Print Name

CPSO

Date (dd/mm/yy)

Fax signed SRK Medical Orders to Ontario Health atHome Intake at: