

Patient Name:	D.O.B.:
Address:	Allergies:
Phone #	Health Card #

Palliative Symptom Management Kit Order Form

Pick Up	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Delivery							

MD or NP NOTIFIED SIGNATURE: _____
 DATE KIT INITIATED: _____ DATE: _____

Standard Symptom Relief Orders

Acetaminophen 650mg Supp. Mitte: ÁSuppositories Sig: Insert 1 suppository rectally Q4H PRN for temperature over 101 F (38.5 C)	Refill x
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Metoclopramide 10mg/2ml LU481 (pseudo DIN 09857224) Mitte: ÁVials Sig: Give 10mg subcut TID PRN for nausea and vomiting Consult Physician/NP if needing more than maximum daily dose 30mg	Refill x
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Methotrimeprazine (Nozinan) 25mg/ml Mitte: ÁVials Sig: Give 5 - 10mg subcut q8h PRN for agitation, restlessness	Refill x
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Midazolam (Versed) 10mg/2ml LU495 Mitte: ÁVials Sig: Give 1 - 2mg Q1h subcut PRN for agitation	Refill x
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Scopolamine 0.6mg/ml LU481(pseudo DIN 09857237) Mitte: ÁVials Sig: Give 0.3 - 0.6mg subcut q4-8h PRN for congestion or excessive secretions	Refill x
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Other (specify) _____ Mitte: Dose: Give _____ q _____ h PRN for	
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Please indicate your choice of Opioid by checking the box

Morphine 10mg/ml Code(LU) 481 Mitte: ÁAmpoules (5 q2days) Dose: Give _____ mg subcut q1-2h PRN for relief of pain or dyspnea	<input type="checkbox"/>
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Hydromorphone 2mg/ml Mitte: ÁÁÁ ampoules (5 q2days) Hydromorphone 10mg/ml Mitte: ÁÁÁ ampoules (5 q2days) Dose: Give _____ mg subcut q1-2h PRN for relief of pain or dyspnea	<input type="checkbox"/>
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Other (specify) _____ Mitte: Dose: Give _____ mg q _____ h PRN for pain	
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Insert Foley Catheter as necessary for urinary retention/patient comfort

Supplies: Symptom Management Kit SKU # IVK077
 CONTENTS LISTED ON REVERSE

Symptom Management Kit Procedure: Ontario Health atHome

1. The nurse practitioner/physician completes the order form and faxes to Ontario Health atHome regional office site (see next page) and to local dispensing pharmacy.
2. Reception forwards the form to the appropriate Care Coordinator who processes the request and orders supplies as indicated.
3. **Medications are dispensed by the local pharmacy. Supplies dispensed by Shoppers Drug Mart via the usual process**
4. The above medications are all covered through ODB and there should be no charge to the patient.

Resource and Support

Ontario Health atHome Regional Palliative Care Program 24/7 Palliative Care Consultation Phone Line if any questions call... (807) 343-2476

Prescriber Information

Physician / Nurse Practitioner Signature	Date
Printed Name	CPSO Number/ CNO Number
	Telephone

Kit - Urgent Supply Management Kit (EOL)		
Qty	SKU	Description
1	IVK006	Kit - Subcutaneous Medication Kit
1	KMS035	Kit - Dressing "D" (Intermittent Cath)
1	CAT225	Night Drainage Bag with Hanger, 9/32" - Bard Brand - Mfg. Code 153504C(307)
1	CAT080	Foley Catheter, 100% Silicone, 2 Wa, 14Fr/5cc - Amsure Brand - Mfg. Code AS41014S(189)
1	SAC080	Subcut Set (Button) 27G x 1.2cm 24", Safety - Cleo 90 Brand - Mfg. Code 21-7230-24
	IVK006	Kit - Subcutaneous Medication Kit - contents
10	IVS020	Cannula, Vial Access interlink
10	IVS010	Cannula, blunt plastic interlink
1	DSS127	Dressing, Transparent 6cm x 7 cm Tegaderm
1	IVS045	Dressing, Transparent IV , 10cm x 12cm Opsite IV 300
1	SAC080	Sub Q set Button 27G x 1.2cm 24", safety Cleo 90
2	SOL042	NaCl 0.9% For injection, 10 ml
10	SAN017	Needle, RB 25G x 1", Safety
2	DSD195	Swab, Alcohol 70%
10	SYR015	Syringe, Luer Lock 3cc
10	SYR010	Syringe , Luer Lock 1cc
1	SAS025	Syringe, Tuberculin, with needle 27G x 0.5" x 1cc. Safety Bak Snap
2	IVS100	Towelette, Chlorhexadine 2% Isopropyl 70% -Solu-IV
1	OMS350	Biohazard Sharps Collector, Small Red - Sharps
2	IVS320	One link connector Baxter

Ontario Health atHome: Contact Numbers

Thunder Bay

Tel: 1-807-345-7339
Fax: 1-807-346-4625

Geraldton

Tel: 1-807-854-2292
Fax: 1-807-854-1805

Marathon

Tel: 1-807-229-8627
Fax: 1-807-229-8628

Dryden

Tel: 1-807-223-5948
Fax: 1-807-223-3943

Kenora

Tel: 1-807-467-4757
Fax: 1-807-468-1437

Fort Frances

Tel: 1-807-274-8561
Fax: 1-807-274-0844

Sioux Lookout

Tel: 1-807-737-2349
Fax: 1-807-737-3017

Red Lake

Tel: 1-807-727-3455
Fax: 1-807-727-2484

Atikokan

Tel: 1-807-597-2159
Fax: 1-807-597-6760

Rainy River

Tel: 1-807-852-3955
Fax: 1-807-852-1077

Nipigon

Tel: 1-807-887-5862
Fax: 1-807-887-1184

Ontario Health atHome (Head Office) 961 Alloy Dr. Thunder Bay, ON P7B

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Phone: 807-345-7339 | Toll-free: 1-800-626-5406

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