

### Symptom Response Kit (SRK) Request Order Form

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. Physician orders are indicated below and authorized (signed) by the most responsible physician (MRP). The nurse can only administer those medications in the kit that have valid signed orders noted on this order form.

**Client Section:**

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

**Check off symptom management administration orders to be dispensed in SRK:**

**Pain Orders:**

- Hydromorphone (10mg/ml) Injectable Sig: \_\_\_\_\_ mg sc q \_\_\_\_\_ hr prn
- Dexamethasone (4mg/ml) 2-4mg sc od prn Sig: \_\_\_\_\_ mg sc q \_\_\_\_\_

**Respiratory Secretions:**

- Instill Atropine 1% gtts, 2-4 gtts q1-2 hrs into buccal mucosa prn
- Scopolamine 0.6 mg sc qid prn

**Nausea:**

- 1<sup>st</sup> line: Haloperidol (5mg/ml) 0.5-1mg sc q 6 hrs
- 2<sup>nd</sup> line: Dexamethasone (4mg/ml) 2-4mg sc od prn

**Generalized Seizures:**

- 1<sup>st</sup> line: Midazolam 5-10mg sc stat then q 30 min- prn
- 2<sup>nd</sup> line: Lorazepam 1mg po q 30 min-prn
- 3<sup>rd</sup> line: Diazepam(10mg/ml) Instill 2mls (20mg) per rectum stat

**Anxiety:**

- Lorazepam 1mg po qid prn

**Breathlessness:**

- 1<sup>st</sup> Line: Hydromorphone (10mg/ml) Injectable Sig: \_\_\_\_\_ mg sc q \_\_\_\_\_ hr prn
- 2<sup>nd</sup> line: Lorazepam 1mg po q 1 hr prn

**Agitation/Delirium/Terminal Restlessness:**

- 1<sup>st</sup> line: Haloperidol (5mg/ml) 2.5-5mg sc q 4-6 hrs prn
- 2<sup>nd</sup> line: Methotrimeprazine (25mg/1ml) 6.25-25 mg sc q 4 hrs prn
- 3<sup>rd</sup> line: Midazolam (5mg/ml) Rx: \_\_\_\_\_ mg sc q \_\_\_\_\_ hr prn

**Other:**

- Furosemide (10mg/ml) Rx: \_\_\_\_\_ mg sc q \_\_\_\_\_ hr prn for congestion
- Other: \_\_\_\_\_

**Pharmacy is authorized to send only the meds listed below that correspond with admin. orders selected on the left side of the page**

Hydromorphone (10mg/ml)	20 – 1ml vials
Atropine 1% gtts	1 – 5ml bottle
Haloperidol (5mg/ml)	5 – 1ml vials
Dexamethasone (4mg/ml)	2 – 5ml vials
Lorazepam (1mg)	15 tabs
* Diazepam (10mg/2ml)	2 – 2ml vials
Methotrimeprazine (25mg/1ml)	5 – 1ml vials
* Midazolam (5mg/ml)	5 – 1ml vials
* Furosemide (10mg/ml)	2 - 4ml vials
* Scopolamine (0.6mg/ml)	10 - 1ml vials

\_\_\_\_\_  
**Physician / Health Care Provider Signature / Title** \_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**CPSO/CNO Reg. Number** \_\_\_\_\_  
**Date (dd/mm/yy)**

\*These medications are eligible as benefits under the ODB PCFA program only when prescribed by eligible physicians as determined by OMA.

Chatham Head Office: 519 351 5842

**Fax signed SRK Request Order Form to Ontario Health atHome Intake at:**