Ontario Health atHome

Symptom Response Kit (SRK)
Prescription Guidelines

SRK is a temporary or short term solution only.

- The SRK are MD/NP orders to be implemented by a nurse (RN, RPN) when symptoms require urgent intervention to manage acute symptoms and facilitate a comfortable death at home.
- The MRP/NP is to be notified as soon as possible regarding changes in condition necessitating the initiation of orders.
- ALL requested medications must be checked off in the form.

SRK is appropriate for a patient who:

- is receiving home and community care service supports through Ontario Health atHome
- has a PPS of < 50% **(guideline only)**
- may require unanticipated symptom management
- has a disease process that is nearing end stage AND an End of Life Plan is in place

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Complete orders must be sent to:

Ontario Health atHome
Fax: 519-472-4045 or 1-855-539-6970

Usual delivery is within 24 hours
For urgent delivery please call Ontario Health atHome 1-855-474-5754

Symptom Response Kit (SRK) Prescription Form

Name: ______________________ Delivery address: ______________________

HCN: ______________________ ______________________

DOB: ______________________ Phone #: ______________________

Symptom	✓	DRUG	RECOMMENDED DOSING Physician/NP use ONLY	ORDER If no order nurse to call physician/NP	Quantity	Coverage
*****Physician / Nurse Practitioner MUST CHECK EACH MEDICATION REQUESTED******						
ALLERGIES						
Anxiety Restlessness SOB	☐	Lorazepam 1 mg tab	0.5 -1 tab SL q 2-4 h PRN	____tabs SL q ____hr PRN **May crush and dissolve in water to put under the tongue**	24 tabs	ODB
Seizures	☐	Lorazepam 1 mg tab	Lorazepam*: 2 tabs buccal (by lower labial frenulum) STAT then q 15 min x 1*	_____ tabs SL STAT then q 15 min x 1 PRN **Pull down lower lip and place by frenulum**	24 tabs or as ordered for anxiety	ODB
	☐	Midazolam 5 mg/mL (2 mL vials)	5.0 – 10 mg subcut q 15 min PRN	____ mg subcut q ____ min PRN x _____ doses	2 x 2 mL vials	LU: 495
Delirium **** nurse to assess using Delirium Screening Tool prior to giving medication**	☐	Haloperidol 5 mg/mL (1 mL amps)	Mild: 0.25 – 1 mg subcut q 1 – 2 h PRN Moderate: 2 mg subcut q1hr PRN	____ mg subcut q ____ hr PRN	3 x 1 mL amps	ODB
	☐	Methotrimeprazine 25 mg/mL (1 mL amps)	**Mild:** 2.5 – 5 mg PO/subcut q1hr PRN **Moderate:** 5 - 12.5 mg PO/subcut q1hr PRN **Severe**: 12.5 – 25 mg subcut Stat. Repeat q30 min. up to 3 or 4	____ mg subcut q ____ hr PRN	5 x 1 mL amps	ODB
Nausea	☐	Haloperidol 5 mg/mL (1 mL amps)	0. 5 – 1 mg subcut q 12h PRN	____ mg subcut q ____ hr PRN	3 amps or as ordered for delirium	ODB
	☐	Methotrimeprazine 25 mg/mL (1 mL amps)	2.5 – 5 mg PO/subcut q 8 – 12 hr PRN. *May be titrated up to 5 - 12.5 mg PO/subcut q 8 – 12 hours PRN*	____ mg subcut q ____ hr PRN	5 amps or as ordered for delirium	ODB
Excessive Pulmonary Secretions	☐	Atropine 1% eye drops		1-2 drops SL or buccal q 4-6 hr PRN	1 x 5 mL bottle	ODB
	☐	Scopolamine 0.4 mg/mL (1 mL vials)	0.4 mg subcut q 4 hr PRN	____ mg subcut q ____ hr PRN	5 x 1 mL vials	LU: 481
	☐	Glycopyrolate 0.2 mg/mL (2 mL vials)	0.4 mg subcut q 2 hr PRN	____ mg subcut q ____ hr PRN	3 x 2 mL vials	LU: 481
Pain and/or Shortness of Breath - ***Choose one of:***	☐	Hydromorphone 2 mg/mL (1 mL amps) **OR**		____ mg subcut q ____ hr PRN	5 x 1 mL amps	ODB
	☐	Hydromorphone **10 mg/mL (1 mL amps) High Concentration Alert OR**		____ mg subcut q ____ hr PRN	3 x 1 mL amps	ODB
	☐	Morphine 15 mg/mL (1 mL amps)		____ mg subcut q ____ hr PRN	3 x 1 mL amps	ODB
If on PO Dex consider adding subcut OR as adjuvant analgesic	☐	Dexamethasone 4 mg/mL	If on po then order PO dose as subcut **For pain: 4 mg - 8 mg subcut**	____ mg subcut q ____ hr PRN	2 x 5 mL	ODB
If at risk for terminal bleed consider adding	☐	Midazolam 5 mg/mL	**OD to TID** 5 mg subcut q 10 min	5 mg subcut X 1 May repeat after 10 min X 1 if needed	2 vials or as ordered for seizures	LU: 495

MRP/NP Signature: ______________________ Physician/NP Name: ______________________

CPSO#/CNO#: ____________ Pager #: ____________ Office Phone: ______________________

Date (yyyy/mm/dd): ______________________ Fax Number: ______________________