

FAX to: Jon's Medicine Shoppe 705-253-7656 and LHIN 705-949-1663

## SYMPTOM RELIEF KIT PRESCRIPTION-Sault Ste Marie

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ OHIP #: \_\_\_\_\_

### Standard Kit Contains: 1 SQ Kit

<p><b>Lorazepam 1 mg sublingual tabs</b> Mitte: 10 tabs <b>For Delirium or agitation:</b> give 1-2 tab sublingual PRN. <i>**IF pt does not have 3<sup>rd</sup> party coverage, please dispense lorazepam 1mg po tabs, Mitte: 10 tabs 'may crush and dissolve in H2O then give sublingually or buccally.'**</i></p>	<p><b>Midazolam Injectable - 5 mg/ml vials</b> Mitte: 6 vials (30mg) LU#495 <b>For seizures:</b> give 5mg (1ml) subcut q10 minutes PRN x 3 doses. If seizure is ongoing after 3 doses, call MD and give 5 mg subcut q10 minutes PRN x 3 more doses. <b>For agitation or dyspnea:</b> Give 2mg - 5 mg (0.4-1ml) subcut q15 minutes PRN.</p>
<p><b>Haloperidol Injectable - 5 mg/ml vials</b> Mitte: 5 vials (25mg) <b>For delirium/agitation:</b> give 2 mg (0.4 ml) subcut q1h PRN until delirium controlled. Thereafter, give 2mg (0.4 ml) subcut q6h PRN <b>For nausea:</b> give 0.5-1 mg (0.1-0.2 ml) subcut q8h PRN.</p>	<p><b>Acetaminophen 650 mg Suppositories</b> Mitte: 4 suppositories <b>For fever or discomfort:</b> Insert 1 suppository rectally q4h PRN.</p>
<p><b>Scopolamine Injectable – 0.6mg/ml vials</b> Mitte: 5 vials (3mg) LU#481 <b>For congestion or secretions:</b> Give 0.3-0.6mg (0.5-1ml) subcut q4h PRN</p>	<p><b>Prochlorperazine (Stemetil) 10 mg suppositories</b> Mitte: 5 suppositories <b>For nausea or vomiting:</b> Insert 1 suppository rectally q4h PRN  <i>**Do not dispense if no 3<sup>rd</sup> party coverage**</i></p>

Please circle your choice of narcotic below:

**Morphine Injectable - 15 mg/ml vials**

Mitte: 10 vials (150mg)

**Dose:** \_\_\_\_\_ mg (\_\_\_\_\_ ml)  
subcut q1h PRN **for pain or dyspnea**

**OR**

**Hydromorphone Injectable - 10 mg/ml vials**

Mitte 4 vials (40mg)

**Dose:** Give \_\_\_\_\_ mg (\_\_\_\_\_ ml)  
subcut q1h prn **for pain or dyspnea**

**Date:** \_\_\_\_\_

**Physicians Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **CSPO#:** \_\_\_\_\_

# Sault Ste Marie -Symptom Relief Kit

(Revised Mar 2018)

## Adult Clinical Guidelines (Kit is for emergency purposes only)

*Suggestions for the use of medications in the Symptom Relief Kit. These drugs are meant to be used in addition to present prescriptions. Please note precautions in italics. \*\*Remember to call MD for further orders!\*\**

*Note: generally, each administration into a subcutaneous site should be 2ml max.*

Symptom	Medication	Reference
Terminal congestion/ secretions	<b>Scopolamine Injection 0.6mg/ml. Give 0.3-0.6mg (0.5-1ml) subcut q4h PRN</b>  Other: If secretions are in the airways and client is too weak to clear them, try repositioning the client on their side, with their head slightly lowered for positional drainage. Suctioning not advised.	Oxford p. 985
Seizure	<b>Midazolam Injection 5mg/ml. Give 5mg (1ml) subcut q10 minutes PRN x 3 doses. If seizure is ongoing after 3 doses, call MD and give 5mg subcut q10 minutes PRN x 3 more doses.</b>  Other: Place client on their side, if possible. Nothing in mouth. Consider O2 if available. Reassure family that client not suffering.	
Pain	*If client already on hydromorphone or morphine, then calculate appropriate breakthrough dose. Use standard assessment tool.  Subcut dose = ½ of client's short-acting oral dose Dilaudid (hydromorphone) = 1/5 morphine  <i>Caution when administering to the elderly or if opioid naive</i>	Alberta Book p.16 Medical Care of Dying p. 178
Delirium/ agitation	<i>Consider causes: Rule out rectal impaction and/or urinary retention.</i>  <b>First drug of choice: Haldol (haloperidol) 2mg (0.4 ml) q1hr subcut prn until delirium controlled. Thereafter 2 mg (0.4 ml) subcut q6h prn.</b> <i>Consider smaller doses for frail/elderly: 0.5-1mg subcut</i>  <b>or</b> <b>Second drug of choice: Ativan (lorazepam) 1-2 mg po/subling q2hrs prn</b> <i>Po lorazepam tabs can be crushed and dissolved in H<sub>2</sub>O and put into buccal cavity</i>  <b>or</b> <b>Third drug of choice: Midazolam 2-5mg (0.4-1ml) subcut q15mins PRN</b>	Bruera & Pereira Alberta P C Resource p. 52  Textbook of Palliative Nursing, Ferrell p. 447
Nausea	<b>Haldol (haloperidol) 0.5 -1.0 mg (0.1-0.2 ml) subcut 8hrs PRN</b>  <b>Stemetil (prochlorperazine) 10 mg rectally q4hrs PRN</b> <b>Insert 1 suppository rectally q4h PRN for nausea and vomiting</b>	Oxford p. 491  CPS
Severe Dyspnea	**If client is on opioids, give regular breakthrough doses**. <b>If client is on no opioids, give smaller initial dose of morphine:</b> Eg: Morphine 3-5 mg (0.2-0.33 ml) subcut q1hr PRN OR Hydromorphone 0.5-1mg (0.05-0.1ml) subcut q1hr PRN  Other: Open window, consider using fan blowing across face, quiet calm atmosphere. Consider oxygen therapy at low flow rate.	Alberta Resource p. 67  Alberta Resource p. 66
Fever	<b>Acetaminophen 650 mg PR q4hrs prn for fever or discomfort:</b> <b>Insert 1 suppository rectally q4h prn</b>  Other: generally there is no need to take client temp or vitals at EOL	Ferrell p. 256, CPS