

Champlain Palliative Symptom Management Kit – Medication Order Form

Medical Pharmacy Group (8AM – 8PM) FAX: 613-244-4695 or 800-373-4945 PHONE: 613-244-4685 or 800-267-1069 X 5900

LHIN Fax: 613-745-6984 or 855-450-8569

Patient Name: _____ Patient DOB (dd/mm/yy): ____/____/____ Patient OHIP#: _____

Patient Address: _____ Phone: _____ Allergies: _____

MD/NP Instructions: Order Medications for a 24-72 hour period for the purpose of relieving anticipated or escalating end-of-life symptoms

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| <ol style="list-style-type: none"> 1. Complete the patient demographics above. 2. Complete the order for each selected medication that corresponds with the Indications. 3. Write your initials in the Initials column for all medications you want included in the SMK. | <ol style="list-style-type: none"> 4. To order a Foley catheter, tick the box located under the table of medications. 5. Complete your demographics at the bottom of the page. 6. Fax the completed form to the pharmacy (Medical Pharmacy Group) and to Champlain LHIN. |
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| Indications | | | | | | | Drug | Concentration | # Ampoules or bottles | Dose, Route, Frequency of Administration | MD/NP Initials |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-----------------------------|---------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Pain | Dyspnea | Agitation Delirium | Anxiety | Nausea Vomiting | Seizures | Upper Airway Secretions | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Morphine | <input type="checkbox"/> 2mg/ml <input type="checkbox"/> 10mg/ml | 10 x 1ml | _____ mg Subcut q1hr prn | LU 481 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OR Hydromorphone (Dilaudid) | <input type="checkbox"/> 2mg/ml <input type="checkbox"/> 10mg/ml | 10 x 1ml | _____ mg Subcut q1hr prn | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Haloperidol (Haldol) | 5 mg/ml | 5 x 1ml | _____ mg Subcut q4hr prn | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Methotrimeprazine (Nozinan) | 25 mg/ml | 5 x 1ml | _____ mg Subcut q4hr prn | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | OR Scopolamine | 0.4 mg/ml | 10 x 1ml | 0.4 mg Subcut q4hr prn | LU 481 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Glycopyrrolate | 0.2mg/ml | 10 x 1ml | 0.4mg Subcut q2hr prn | LU 481 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Midazolam | 5 mg/ml | 5 x 1ml | _____ mg Subcut q30min prn | LU 495 |
| seizures / catastrophic bleed / severe respiratory distress | | | | | | | Midazolam | 5 mg/ml | 5 x 1ml | _____ mg Subcut stat repeat every 5-10 minutes if event persists or sedation is not achieved, call MD/NP after first dose given | LU 495 |
| indication: | | | | | | | Other: | | | | |
| indication: | | | | | | | Other: | | | | |
| <input type="checkbox"/> *** Insert Foley Catheter to straight drainage PRN, care and maintenance as per the Champlain LHIN Protocol *** | | | | | | | | | | | |

Physician/Nurse Practitioner Signature: _____ Practitioner college#: _____ Phone Number: _____

Physician/NP Address: _____ Date requested: _____ Fax Number: _____

Dosing Guidelines

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|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Morphine | <p>PAIN <u>Opioid Naive Patient:</u> 1-2 mg q1hr Subcut prn - Start at a lower dose (e.g. 0.5-1mg) if patient is frail and / or has severe COPD</p> <p><u>Patient on Opioids:</u> Subcut Dose = ½ oral dose If on <u>short acting</u> divide dose by 2 If on <u>12 hr long acting</u> divide total daily dose by 2, then by 6 to convert to q4hr reg dose</p> | <p>DYSPNEA <u>Opioid Naive Patient:</u> 0.5-1 mg Subcut q1hr PRN</p> |
| Hydromorphone (Dilaudid) | <p>PAIN <u>Opioid Naive Patient:</u> 0.2- 0.5 mg q1hr Subcut prn - Start at a lower dose (e.g. 0.1-0.2 mg) if patient is frail and / or has severe COPD - Order concentration of 2mg/ml to obtain low doses</p> <p><u>Patient on Opioids:</u> Subcut Dose = ½ oral dose If on <u>short acting</u> divide dose by 2 If on <u>12 hr long acting</u> divide total daily dose by 2, then by 6 to convert to q4hr reg dose</p> <p>Note: 1mg of hydromorphone = 5mg morphine</p> | <p>DYSPNEA <u>Opioid Naive Patient:</u> 0.1-0.2 mg Subcut q1hr PRN</p> |
| Haloperidol (Haldol) | <p>AGITATION / DELIRIUM Starting dose: 0.5-1mg Subcut q4hr prn In the frail elderly, consider 0.25mg Subcut q4hr prn Note: if 3 prn doses used within 24 hours, MD/NP to be notified Note: if not controlled, consider changing to another agent [i.e. methotrimeprazine (Nozinan)]</p> | <p>NAUSEA / VOMITING 0.5-1mg Subcut q4hr prn Note: In most cases metoclopramide is the drug of 1st choice for nausea & vomiting. If not available, use small dose of haloperidol.</p> |
| Methotrimeprazine (Nozinan) | <p>AGITATION / DELIRIUM Starting dose: 2.5-5 mg Subcut q4hr prn Note: if 3 prn doses used within 24 hours, MD/NP to be notified</p> | <p>NAUSEA / VOMITING / ANXIETY /DYSPNEA 2.5-5mg Subcut q4-6hr prn Note: In most cases metoclopramide is the drug of 1st choice for nausea & vomiting. If not available, may use methotrimeprazine.</p> |
| Midazolam | <p>SEIZURES/CATASTROPHIC BLEED/ACUTE RESPIRATORY DISTRESS 5-10mg STAT Subcut: repeat every 5-10min prn if seizure persists or sedation is not achieved, and notify physician/NP as soon as able Note: Further doses could be administered if crisis persists and nurse is unable to reach physician/NP Pre-drawn high dose Midazolam syringes should be stored separately from other medications and teaching should be provided to patients/families</p> | <p>AGITATION / DELIRIUM 1-2mg Subcut q30min prn</p> |
| Scopolamine Glycopyrrolate | <p>Scopolamine is more sedating than Glycopyrrolate and may cause/increase delirium. Glycopyrrolate can sometimes be used for non-end-of-life secretion, but may need to be started at a lower dose (0.1-0.2mg).</p> | |

Note: This form is NOT TO BE USED FOR ORDERING PAIN PUMPS OR HYDRATION -

For further advice on dosing contact the Regional Palliative Consultation Team (RPCT) 800-651-1139 or Medical Pharmacy Group 613-244-4685 or 800-467-3599 X 5900

These dosing guidelines were established by a regional interdisciplinary group of practitioners following a thorough review of the literature. These guidelines are not a substitute for and don't provide medical advice. Any person using these guidelines is required to use independent clinical judgment consistent with their licensed/regulated scope of practice and in the context of individual clinical circumstances.