

# 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**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Complete the patient demographics above.</li> <li>2. Complete the order for each selected medication that corresponds with the Indications.</li> <li>3. Write your initials in the Initials column for all medications you want included in the SMK.</li> </ol> | <ol style="list-style-type: none"> <li>4. To order a Foley catheter, tick the box located under the table of medications.</li> <li>5. Complete your demographics at the bottom of the page.</li> <li>6. Fax the completed form to the pharmacy (Medical Pharmacy Group) and to Champlain LHIN.</li> </ol> |
|---|---|

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

<b>Morphine</b>	<p><b>PAIN</b>  <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><b>DYSPNEA</b>  <u>Opioid Naive Patient:</u>                      0.5-1 mg Subcut q1hr PRN</p>
<b>Hydromorphone (Dilaudid)</b>	<p><b>PAIN</b>  <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><b>Note: 1mg of hydromorphone = 5mg morphine</b></p>	<p><b>DYSPNEA</b>  <u>Opioid Naive Patient:</u>                      0.1-0.2 mg Subcut q1hr PRN</p>
<b>Haloperidol (Haldol)</b>	<p><b>AGITATION / DELIRIUM</b>                      Starting dose: 0.5-1mg Subcut q4hr prn                      In the frail elderly, consider 0.25mg Subcut q4hr prn  <b>Note: if 3 prn doses used within 24 hours, MD/NP to be notified</b>  <b>Note: if not controlled, consider changing to another agent [i.e. methotrimeprazine (Nozinan)]</b></p>	<p><b>NAUSEA / VOMITING</b>                      0.5-1mg Subcut q4hr prn  <b>Note: In most cases metoclopramide is the drug of 1<sup>st</sup> choice for nausea &amp; vomiting. If not available, use small dose of haloperidol.</b></p>
<b>Methotrimeprazine (Nozinan)</b>	<p><b>AGITATION / DELIRIUM</b>                      Starting dose: 2.5-5 mg Subcut q4hr prn  <b>Note: if 3 prn doses used within 24 hours, MD/NP to be notified</b></p>	<p><b>NAUSEA / VOMITING / ANXIETY / DYSPNEA</b>                      2.5-5mg Subcut q4-6hr prn  <b>Note: In most cases metoclopramide is the drug of 1<sup>st</sup> choice for nausea &amp; vomiting. If not available, may use methotrimeprazine.</b></p>
<b>Midazolam</b>	<p><b>SEIZURES/CATASTROPHIC BLEED/ACUTE RESPIRATORY DISTRESS</b>                      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  <b>Note: Further doses could be administered if crisis persists and nurse is unable to reach physician/NP</b>                      Pre-drawn high dose Midazolam syringes should be stored separately from other medications and teaching should be provided to patients/families</p>	<p><b>AGITATION / DELIRIUM</b> <span style="float: right;">1-2mg</span>                      Subcut q30min prn</p>
<b>Scopolamine Glycopyrrolate</b>	<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.