

Long Term Care - Champlain Palliative Symptom Management Medication Order Form

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

Patient Address: _____ Phone: _____ Allergies: _____

**Order Medications for a 24-72 hour period for the purpose of relieving anticipated or escalating end-of-life symptoms.
 Ensure necessary supplies for initiating subcutaneous medications and foley catheter (if applicable) are available.**

- | | |
|---|--|
| <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. Send form to facility pharmacy. |
|---|--|

Indications							Drug	Concentration	# Ampoules or bottles	Dose, Route, Frequency of Administration	MD Initials
Pain	Dyspnea	Agitation Delirium	Anxiety	Nausea Vomiting	Seizures	Upper Airway Secretion					
<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 _____				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	OR Haloperidol (Haldol)	5 mg/ml	10 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	10 x 1ml	_____ mg Subcut q4hr prn	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Midazolam	5 mg/ml	10 x 1ml	_____ mg Subcut q30min prn	LU 495
seizures / catastrophic bleed / severe respiratory distress							Midazolam	5 mg/ml	10 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
<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	0.2 mg/ml	10 x 1ml	0.4 mg Subcut q2h prn	LU 481
							Other:				
							Other:				
							<input type="checkbox"/> *** Insert Foley Catheter to straight drainage PRN, care and maintenance as per the LTC protocol				

Physician/Nurse Practitioner Signature: _____	Practitioner college#: _____	Phone Number: _____
Physician/NP Address: _____	Date requested: _____	Fax Number: _____

Dosing Guidelines

Morphine	<p>PAIN <u>Opioid Naïve Patient:</u> 0.5-1 mg subcut q1h prn. -Start at the lowest dose -Consider using 2mg/ml concentration 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>DYSPNEA <u>Opioid Naïve Patient:</u> 0.5-1 mg subcut q1h prn</p> <p>For acute viral pneumonia, can start at 2.5 mg subcut q30min PRN</p>
Hydromorphone (Dilaudid)	<p>PAIN <u>Opioid Naïve Patient:</u> 0.1- 0.2 mg q1hr Subcut prn - Start at the lowest - 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 is = 5mg morphine</p>	<p>DYSPNEA <u>Opioid Naïve Patient:</u> 0.1-0.2mg Subcut q1hr PRN</p> <p>For acute viral pneumonia, can start at 0.5 mg subcut q30min PRN</p>
Haloperidol (Haldol)	<p>AGITATION / DELIRIUM Starting dose: 0.25-0.5mg 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. Nozinan) Caution: generally avoided if conditions such as Parkinson's, Lewy body dementia</p>	<p>NAUSEA / VOMITING 0.25-0.5 mg Subcut q4hr prn Note: In most cases without bowel obstruction metoclopramide is the drug of 1st choice for nausea & vomiting.</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 Caution: generally avoided in conditions such as Parkinson's, Lewy body dementia</p>	<p>NAUSEA / VOMITING / ANXIETY / DYSPNEA 2.5-5 mg subcut q4-6hr prn Note: In most cases without bowel obstruction metoclopramide is the drug of 1st choice for nausea & vomiting</p>
Midazolam	<p>SEIZURES/CATASTROPHIC BLEED/REFRACTORY RESPIRATORY DISTRESS 5 mg 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</p>	<p>AGITATION / DELIRIUM 0.5-1 mg 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 secretions 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

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. Medication choices and doses may need to be adjusted based on the individual clinical circumstances. 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.

For further advice on dosing contact the Regional Palliative Consultation Team (RPCT) 800-651-1139 or your pharmacist