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

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

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

Patient Address: _____ Phone: _____ Allergies: _____

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

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.
4. For medications marked with* that are not covered under ODB, call 866-811-9893 to get Exceptional Access Coverage to expedite medication coverage for that patient. May take up to 24 hours to process.
5. To order a Foley catheter, tick the box located under the table of medications.
6. Complete your demographics at the bottom of the page.
7. Fax the completed form to the pharmacy (Medical Pharmacy Group) and to Champlain CCAC.

Indications							Drug	Concentration	# Ampoules or bottles	Dose, Route, Frequency of Administration	MD Initials
Pain	Dyspnea	Agitation Delirium	Anxiety	Nausea Vomiting	Seizures	Upper Airway Secretions					
✓	✓	X	X	X	X	X	Morphine Due to concentration of 15mg/ml lowest possible dose is 0.75mg	15mg/ml	6 x 1ml	_____ mg Subcut q1hr prn	
✓	✓	X	X	X	X	X	OR Hydromorphone (Dilaudid)	2mg/ml	10 x 1ml	_____ mg Subcut q1hr prn	
✓	✓	X	X	X	X	X	Hydromorphone (Dilaudid)	10mg/ml	5 x 1ml	_____ mg Subcut q1hr prn	
X	X	✓	X	✓	X	X	OR Haloperidol (Haldol)	5 mg/ml	5 x 1ml	_____ mg Subcut q4hr prn	
X	✓	✓	✓	✓	X	X	Methotrimeprazine (Nozinan)	25 mg/ml	5 x 1ml	_____ mg Subcut q4hr prn	
X	X	X	X	X	✓	X	Midazolam*	5 mg/ml	5 x 1ml	_____ mg Subcut stat repeat every 5-10 minutes if seizure persists	
X	✓	✓	X	X	X	X	Midazolam*	5 mg/ml	5 x 1ml	_____ mg Subcut q30min prn	
X	X	X	X	X	X	✓	OR Scopolamine*	0.4 mg/ml	10 x 1ml	0.4 mg Subcut q4hr prn	
X	X	X	X	X	X	✓	Atropine Drops	1%	1 bottle	2-3 drops SL q1-2hr prn	
							Other:				
							Other:				

☐ **Insert Foley Catheter to straight drainage PRN, care and maintenance as per the Champlain CCAC Community Protocol**

Physician Signature:	CPSO#:	Phone Number:
Physician Address:	Date requested:	Fax Number:

MD Dosing Guidelines

Morphine	PAIN Opioid Naïve Patient: 0.75 to 1.5mg q1hr Subcut prn - Start at the lowest dose if patient is frail and / or has severe COPD - Due to concentration of 15mg/ml lowest possible dose is 0.75mg Patient on Opioids: Subcut Dose = ½ oral dose If on short acting divide dose by 2 If on 12 hr long acting divide total daily dose by 2, then by 6 to convert to q4hr reg dose	DYSPNEA Opioid Naïve Patient: 1.5 mg Subcut q1hr PRN
Hydromorphone (Dilaudid)	PAIN Opioid Naïve Patient: 0.2- 0.5 mg q1hr Subcut prn - Start at the lowest dose if patient is frail and / or has severe COPD -Order concentration of 2mg/ml to obtain low doses Patient on Opioids: Subcut Dose = ½ oral dose If on short acting divide dose by 2 If on 12 hr long acting divide total daily dose by 2, then by 6 to convert to q4hr reg dose Note: 1mg of hydromorphone is = 5mg morphine	DYSPNEA Opioid Naïve Patient: 0.2mg Subcut q1hr PRN
Haloperidol (Haldol)	AGITATION / DELIRIUM Mild: 1mg Subcut q4hr prn Moderate: 2mg Subcut q4hr prn Severe: 2.5-5 mg Subcut q4hr prn Note: if 3 prn doses used within 24 hours, MD to be notified Note: if not controlled, consider changing to another agent (i.e. Nozinan)	NAUSEA / VOMITING 1-2mg 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.
Methotrimeprazine (Nozinan)	AGITATION / DELIRIUM Mild: 2.5-5 mg Subcut q4hr prn Moderate: 5-10mg Subcut q4hr prn Severe: 12.5-25mg Subcut q4hr prn Note: if 3 prn doses used within 24 hours, MD to be notified	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.
Midazolam	SEIZURES 5-10mg STAT Subcut: repeat every 5-10min prn if seizure persists Note: if 3 prn doses used, MD to be notified	AGITATION / DELIRIUM 1-2mg Subcut q30min prn
Atropine Drops - UPPER AIRWAY SECRETIONS 2-3 drops SL q1-2hr prn		Scopolamine - UPPER AIRWAY SECRETIONS 0.4mg Subcut q4hr prn Note: More sedating and may cause / increase delirium
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

Medical Pharmacy Group 613-244-4685 or 800-467-3599 X 5900

Champlain CCAC gratefully acknowledges Bruyère Continuing Care for providing their form which served as the foundation for the development of this document.