



WW Symptom Response Kit (SRK) Guideline
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1. Preamble

The purpose of an SRK is the management of rapid-onset, unanticipated symptoms. The medication content of the kit is limited to support short duration of symptom management (24 hours) until further medications are ordered. The presence of an SRK in the home, does not replace the healthcare professional's responsibility for ongoing patient assessment, planning and anticipatory symptom management. If indicated, the nurse should request an order for pre-filled injectable medications to support symptom management.

2. Description of SRK Process

i. Planning for SRK

The RPN/RN/RN(EC)/Physician:

- a. Identifies potential for sudden change in symptoms at home and/or may require an alternative route of administration.
- b. Consults with the care team to determine appropriateness of an SRK in the home (i.e. goals of care, risk factors, support in the home).

If SRK is NOT appropriate:

- Proactive, on-going monitoring of appropriateness vs. risk
- Heightened, individualized care planning considering alternatives to SRK e.g. alternate setting, additional in-home support, risk mitigation

If SRK is appropriate:

- Physician writes SRK order (see page 7) & faxes to Waterloo Wellington Local Health Integration Network (WWLHIN)
 - If urgent, add to order form, "Urgent - Required within 4 hours"
 - LHIN Care Coordinator shares order with pharmacy & nursing agency and phones the patient/family to support information regarding the SRK
 - Care team provides patient/family information re: SRK including co-payment of \$2 per medication
 - Pharmacy to complete/attach paperwork to outside of the SRK including affixing label to outside of SRK enclosed with the earliest expiry date
- c. Within 24-48 hours SRK delivered and signed for by patient/family. Patient/family will have to provide identification in accordance with Ontario's Narcotic Strategy under the Narcotics Safety and Awareness Act to receive the SRK as narcotics are included.

ii. SRK in the Home:

- RPN/RN/RN(EC)/Physician Upon delivery of SRK to patient home, nurse/Physician will remove documents from exterior pouch of cardboard box with SRK enclosed at next home visit
- Review external paperwork to confirm that contents match orders
- Explain purpose of SRK to patient and caregiver/family using information pamphlet located in the Chart in the Home (CITH) as a resource
- Review with family where to store SRK
- Place SRK order form into 'Section 5: Medications' of CITH
- Document location of SRK kit on provided sticker and affix to inside front of binder
- Place SRK in secure location, agreed upon by patient/caregiver

❖ **SRK is zip-tie sealed. The intactness of seal is to be monitored at each visit**

iii. Patient Needs the Medication in SRK

Count/Discrepancy

The RPN/RN/RN(EC)/Physician will:

- Complete SRK medication count at *every access* of the kit
- Open seal on the SRK, and re-secure the SRK after access using provided zip-ties
- Complete SRK vial count record, counting all medications in the kit (see page 11)
- Report SRK medication discrepancies, as per organizational policy including notification to LHIN

Administering the Medication

The RPN/RN/RN(EC)/Physician will utilize the SBAR (Situation, Background, Assessment, Recommendation) communication format to communicate regarding the use of the SRK medication.

Depending on the presenting symptom, the RPN/RN/RN(EC)/Physician will select the appropriate medication from the SRK, and confirm on SRK order set if the medication has an associated order or requires a physician order prior to administration.

If the medication has a signed standard order:

- Administer the medication as per SRK order set,
- Call physician to inform of symptom assessment and SRK medication administration
- If indicated, request an order for pre-filled injectable medications to support symptom management

If the medication requires a “just-in-time” order:

- Contact ‘Physician on Call’ with symptom assessment and request for medication order
- Transcribe order to CITH
- Administer medication as per physician’s order
- Physician faxes orders to LHIN to be processed (if necessary), which may include an order for pre-filled injectable medications to support symptom management

Once an SRK medication is administered as ordered, the RPN/RN/RN(EC)/Physician will:

- document on Medication Administration Record (MAR) and efficacy in record.
- use blank labels provided in SRK; fill out and attach a label to each pre-drawn syringe. The practice of leaving unlabelled, pre-drawn syringes in a labelled cup is unsafe.
- record pre-drawn medication on Service Provider Organization pre-drawn medication record.
- complete the SRK vial count record.
- re-secure SRK with coloured zip-tie located in SRK box.
- provide patient/caregiver with education on the use of the injectable medication and Patient/Caregiver MAR. **Note:** *The Patient/Caregiver MAR is located in Family Communication Section of the CITH.*

iv. Patient Dies or Is Transferred to Another Setting (e.g. Hospice)

- If patient is transferred to a Residential Hospice setting within Waterloo Wellington, the SRK is to be transferred with the patient.
- If patient dies at home or in hospital **or** is transferred to another setting (e.g., Complex Continuing Care (CCC) bed at Freeport or St. Joseph’s Palliative Care Unit) LHIN Care Coordinator will arrange for the pick-up of the SRK and other injectable medications/narcotics.

3. Clinical Guidelines: Waterloo Wellington Palliative Symptom Response Kit

Kit is for emergency purposes only - Notify the Physician if any of these symptoms develop.

Obtain specific orders for each patient.

These guidelines are based on best practice evidence and are intended to support, not replace, clinical judgement. If you have any concerns regarding administering any of the medications, please contact your clinical supervisor.

Symptom/ Indication	Medications listed are suggested dose ranges
Dyspnea & Anxiety related to Dyspnea	<p>Call for Physician opioid orders to relieve discomfort of breathlessness</p> <p>Non-Pharmacologic: Open window, fan blowing air, quiet calm atmosphere Consider oxygen therapy at low flow rate if person is hypoxic</p> <p>Pharmacologic: <u>If patient is on opioids,</u> give regular breakthrough doses to treat dyspnea <u>If patient is opiate naïve:</u> Morphine 3-5 mg subcut q1h prn HYDROMORPHONE 0.5–1 mg subcut q1h prn *Note: subcut dose = ½ short-acting oral dose COPD Considerations: Ensure bronchodilators and other concomitant therapies are maximized for effectiveness. Opioids are safe and effective so long as initiated with low doses and less frequently. Heart Failure (HF) Considerations: Optimize HF treatments, including diuretics. Exclude reversible causes such as airway infection, pericardial or pleural effusions.</p>
Delirium	<p>Identify all possible causes: Rectal impaction, urinary retention, an increase in pain, medications (opioids, corticosteroids), metabolic derangements (diabetes, hypercalcemia), dehydration, hypoxia, infection and brain metastases. Treat the cause with consideration of goals of care.</p> <p>Non-Pharmacologic: Explain to the family that the symptoms are caused by the illness, are not within the patient's control and will fluctuate. Encourage family members to provide gentle, repeated reassurance and avoid arguing with the patient. Provide a quiet calm environment.</p> <p>Pharmacologic: <u>Identify the goal of treatment.</u> The most commonly used medications to treat Delirium are Haloperidol (Haldol) and Methotrimeprazine (Nozinan) Many clinicians may prefer to use Haldol as first line treatment as it is generally less sedating. Haloperidol (Haldol) <u>For Moderate Delirium:</u> 2mg subcut q1h prn ± 1 to 2 mg subcut BID to TID Methotrimeprazine (Nozinan) to clear sensorium with some sedation <u>For Moderate Delirium:</u> 6.25-12.5 mg subcut q 4-6 hr prn <u>For Severe Delirium:</u> 12.5-25 mg subcut q 30 min prn Midazolam (Versed) if sedation is the primary goal and/or other treatments have failed. <u>For Severe Delirium:</u> 1- 5 mg subcut q 30 min prn Notify the Physician to discuss plan and obtain further orders.</p>
Nausea	<p>Non-Pharmacologic: Complete thorough assessment aimed at identifying the cause of the nausea and vomiting. Consider environmental modification to reduce strong smells and use air fresheners if tolerated. Maintain good oral hygiene, especially after episodes of vomiting</p> <p>Pharmacologic: Haloperidol (Haldol) 0.5 -1 mg subcut q4h prn</p>

Pain	<p>Call for physician order Breakthrough dose is usually 10 % of the total 24-hour dose administered q1-2 hours prn</p> <p>Non-Pharmacologic: Complete a thorough pain assessment and total use of analgesics in past 24 hours to facilitate orders.</p> <p>Pharmacologic: <u>If patient is taking an opioid,</u> consider increasing dose 25% for pain crisis</p> <p>Morphine 3-10 mg subcut q 30 min PRN or HYDROMorphone: 1-3 mg subcut q 30 min PRN</p> <p><u>If the person is opioid naïve:</u> Morphine 2.5 – 5 mg subcut q4h & 2.5 mg subcut q 30 min PRN or HYDROMorphone 0.5 - 1 mg subcut q4h & 0.5 mg subcut q 30 min PRN.</p> <p>Dexamethasone 4-8 mg subcut OD to TID may be added to manage escalating pain as a short-term therapy.</p> <p>*Note: subcut dose = ½ short-acting oral dose</p>
Seizure	<p>Non-Pharmacologic: During a seizure clear the area of hard or sharp objects to prevent injury. Maintain airway by lifting the patient’s chin. When seizure is over, position patient in a stable side position (recovery position) until he/she is alert. Keep calming environment for patient and family.</p> <p>Pharmacologic: Midazolam (Versed) 5 mg subcut to treat seizures lasting > 2 min in duration. Notify physician. May repeat q 10 min x 2.</p>
Terminal secretions	<p>Non-Pharmacologic: Repositioning (move the patient from supine to lateral recumbent with head slightly raised). Periodic mouth care should be done for comfort. Counsel family that the rattling is normal at this stage.</p> <p>Pharmacologic: Anti-cholinergic medications are effective in reducing both saliva and mucus production. They should be used at the first sign of symptomatic congestion as anti-cholinergic medications do not dry up secretions that are already present.</p> <p>Hyoscine Hydrobromide (Scopolamine) 0.4 mg subcut q 4 h prn and call physician to discuss plan.</p>

References:

Cancer Care Ontario. Symptom Assessment and Management Tools. 2017. Retrieved from <https://www.cancercare.on.ca/toolbox/symptools/>

The Pallium Palliative Pocketbook: a peer reviewed, referenced resource. 2nd Cdn ed. Ottawa, Canada: Pallium Canada; 2016

4. Symptom Response Kit Order Form

Processing of this order form requires 24 hours. If urgent, add to order form, "Urgent - Required within 4 hours"

Please sign below for the **ONE** opioid you want included in the kit.

No Substitutions or Alterations except in the case of allergy

Patient: _____

Address: _____

City: _____ Phone: _____

HCN Required: _____

DOB: _____

PROCEDURE:

- 24/7 physician coverage available
- Physician with Facilitated Access (FA) designation; **OR**
- Physicians without FA must call Ontario Drug Benefit (ODB) Exception Access Program (EAP) for telephone request for **Midazolam** and **Scopolamine** approval.

Call **ODB EAP at 1-866-811-9893 and press "1"** during business hours Monday to Friday (8:30am-4:00pm).

This form requires a Physicians signature for ONE opioid and at the bottom of form. (indicated by ☆)

Only ONE Opioid may be included in this Kit, and must be signed for in the space provided

Drug	Prescriber Signature	Concentration	Quantity	Notify the Physician if any of these symptoms develop
Morphine <i>sign</i> →	☆	15mg/mL	5x1mL amps	Call Physician for specific order for opioids for pain or dyspnea
HYDROmorphine <i>sign</i> →	☆ OR	2mg/mL	5x1mL amps	
HYDROmorphine <i>sign</i> →	☆ OR	10mg/mL	5x1mL amps	
Midazolam (Versed) Physician without FA– call EAP program		5mg/mL	1x10mL amp	For seizures lasting longer than 2 minutes: Give 5 mg subcut STAT and notify the Physician. Repeat every 10 minutes to a total of 3 times if seizure persists. For severe delirium: Call Physician for specific order
Haloperidol (Haldol)		5mg/mL	5x1mL amps	For nausea: Give 0.5 mg -1 mg subcut q4hr PRN
Methotrimeprazine (Nozinan)		25mg/mL	5x1mL amps	For moderate to severe delirium: Give 6.25 mg - 12.5 mg subcut q4 – 6 hr PRN and notify physician to discuss next steps
Scopolamine (Hyoscine Hydrobromide) Physician without FA– call EAP program		0.4mg/mL	5 x1mL amps	For terminal secretions: Give 0.4 mg subcut q4h PRN and notify Physician to discuss next steps
Dexamethasone (Decadron)		4mg/mL	1x5mL amp	Call Physician for specific order
Incidence of urinary retention				Insert Foley catheter PRN

After signing for **one** opiate, calling EAP if necessary & signing RX, **fax this form to WWLHIN 519-883-5555.**

1. Supplies in the kit are enough for short-term use 24 hours until an ongoing prescription can be acquired.
2. Please write a prescription with ongoing orders for **ANY** medication used from this kit.

Pharmacy Service Provider: **Bayshore Specialty Rx: Call 1-844-607-6362 Ext: 38201 for any questions or concerns.**
Bayshore Fax 1-844-756-5580

In addition to the above medications, there will be in each kit: 30 Alcohol Swabs, 4 chlorhexidine swabs, 25- 1 cc Luer lock syringes, 10- 3cc Luer lock syringes, 25- 20G 1 "needles, and 10-25G 5/8 "needles, 6 butterfly ports, 6-opsite IV 3000, 1 roll tape, 6-max plus with extension, 4-2x2 gauze, 4-4x4 gauze, 1-sharp container and a Foley kit.

☆ **Prescriber Signature** _____ Date (d/m/y) _____

Printed Name _____ **CPSO # Required** _____ Phone # _____

5. Patient/Family Information Pamphlet

Common Questions	Responses
What is a Symptom Response Kit (SRK)?	This kit of medications can be ordered by a physician for clients requiring hospice palliative care services or who are at the end-of-life stage in their disease management.
Why is it necessary?	<p>The physician or the palliative team feels the contents of the kit are needed in your home in the event of a rapid change of condition where symptom management is essential.</p> <p>It ensures that medications are available when required to provide relief of symptoms and avoid unnecessary delays or emergency room visits</p>
What is in it?	The kit contains injectable medications and medical supplies and requires a physician's order to use them.
Where does it come from?	The Waterloo Wellington Local Health Integration Network (LHIN) will provide the SRK to palliative patients living at home.
Do I have to pick it up?	<p>It will be delivered in a sealed cardboard box to your home by Bayshore Specialty Pharmacy. Please leave the box sealed for your health care team to access.</p> <p>Please have identification available when the box is dropped off. The law requires that identification is provided to the pharmacy driver when opioids are delivered to your home.</p>
Do I have to pay for it?	<p>The kit is provided to you at a cost of \$12</p> <p>This amount includes the \$2.00 Ontario Drug Benefit copay for the six medications within the SRK.</p>
Is it covered under private insurance?	If you have private insurance, the cost of the copy can be submitted manually or by calling Bayshore Specialty Pharmacy 1.844.607.6362 in advance of receiving the SRK.
Will we have to use it?	Not necessarily. Using the kit will depend upon the sudden presentation of any symptoms.

Who can use it?	<p>If required, the community visiting nurse, nurse practitioner or physician may open it.</p> <p>Your nurse will contact your physician to inform them of your symptoms prior to giving the medication.</p> <p style="text-align: center;"><i>Calling your community visiting nurse with a change in symptoms is important in managing your care.</i></p>
 Who checks on the kit?	<p>Each visit, the nurse will check:</p> <ul style="list-style-type: none"> o SRK storage location o expiry date o kit integrity o appropriateness of medication orders
 Where should I keep it?	<p>Please store the kit in a cool dry place Make sure it is out of the reach of children and pets Keeping the kit in the same place will help your health care team access it quickly if needed.</p>
 Disposal of the kit and unused medications	<p>The SRK is for the use of the designated patient only and should not be shared or kept for future use for any other persons.</p> <p>When the SRK is no longer needed, speak to your LHIN Care Coordinator or Health Care Team for no-cost pick-up of the medications and any remaining supplies.</p>
 Contact Us	<p>If you have concerns about the safety of the medications within the SRK, please contact your Health Care Team.</p>

Your Health Care Team will be able to help if you need further information about the medications.

Please contact your community visiting nurse or LHIN Care Coordinator if you have any questions.

WW Symptom Response Kit Vial Count

Patient Name:	Date of Birth:	MRP:	DRUG ALLERGIES:
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***VIALS ARE NOT TO BE REPLACED IN THE SRK.* WHEN POSSIBLE, REQUEST INJECTABLE RE-ORDERS IN PRE-FILLED SYRINGES FROM PHARMACY.**

Date (dd/mm/yyyy)	INITIAL COUNT	# Vials Removed	Remaining Count														
Scopolamine 0.4mg/ml (1 ml amp)	5																
Midazolam 5mg/ml (10 ml amp)	1																
Haloperidol 5mg/ml (1 ml amp)	5																
Methotrimeprazine 25mg/ml (1 ml amp)	5																
Dexamethasone 4mg/ml (5 ml vial)	1																
<input checked="" type="checkbox"/> SELECT AS PER ORDER <input type="checkbox"/> Morphine 15mg/ml (1 ml amp) OR <input type="checkbox"/> Hydromorphone 2mg/ml (1 ml amp) OR <input type="checkbox"/> Hydromorphone 10mg/ml (1 ml amp)	5																

WHEN SIDE 1 COMPLETE, IMMEDIATELY CARRY SRK VIAL COUNT OVER TO SIDE 2

Signature / Designation / Agency _____ DATE _____

WW Symptom Response Kit Vial Count

Patient Name:	Date of Birth:	MRP:	DRUG ALLERGIES:
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***VIALS ARE NOT TO BE REPLACED IN THE SRK.* WHEN POSSIBLE, REQUEST INJECTABLE RE-ORDERS IN PRE-FILLED SYRINGES FROM PHARMACY.**

	Count Carried over from Side 1	# Vials Removed	Remaining Count															
Scopolamine 0.4mg/ml (1 ml amp)																		
Midazolam 5mg/ml (10 ml amp)																		
Haloperidol 5mg/ml (1 ml amp)																		
Methotrimeprazine 25mg/ml (1 ml amp)																		
Dexamethasone 4mg/ml (5 ml vial)																		
<input checked="" type="checkbox"/> SELECT AS PER ORDER <input type="checkbox"/> Morphine 15mg/ml (1 ml amp) OR <input type="checkbox"/> Hydromorphone 2mg/ml (1 ml amp) OR <input type="checkbox"/> Hydromorphone 10mg/ml (1 ml amp)																		

Signature / Designation / Agency _____ DATE _____

6. Symptom Response Kit Process Map

