



Winnipeg Regional
Health Authority

Palliative Care

Office régional de la
santé de Winnipeg

Soins palliatifs

PALLIATIVE CARE SUB PROGRAM

FAMILY MEDICINE

PALLIATIVE CARE MEDICATION MINI KIT DRAFT GUIDELINES

(April 2002)



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

Palliative Care Sub-Program
Sous-programme soins palliatifs
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Approval:

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Date

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Date

Draft

Guidelines for Use

In keeping with the Palliative Care Sub Program's goal to enable patients to remain at home for as long as possible, Palliative Care Medication Mini Kits are available for situations where it is anticipated that the patient will die at home. The goal of the Palliative Care Medication Mini Kits is to proactively address the need for symptom control during the last hours of life, as opposed to the Emergency Palliative Care Symptom Management Kit where the intent is more reactive. The Palliative Medication Mini Kit is meant for temporary use until either the Symptom Management Kit arrives via courier or a prescription can be filled. It is anticipated that availability of the Palliative Care Medication Mini Kits to the Palliative Patient who has chosen to die at home will prevent unnecessary hospitalization for symptom control. There will be five Palliative Medication Mini Kits, and their use will be initiated as a six month pilot project in collaboration with the Home Care Nursing Unit and Taché Pharmacy. The use of the Palliative Care Medication Mini Kits will be evaluated on a monthly basis.

What is the Palliative Care Medication Mini Kit?

The Palliative Care Medication Mini Kit is a secured box containing the medications usually required in the final days of a Palliative Patient's life. Anticipating that oral intake will be compromised, the medications are provided for administration via the sublingual route. The medications will be used to control common, distressing palliative symptoms and are meant for short term use until a prescription can be filled by the pharmacy, or the Emergency Palliative Care Symptom Management Kit arrives via courier.

What medications are included inside the Palliative Care Medication Mini Kit?

Medication	Amount
Dilaudid 10mg / ml Injectable for Sublingual Administration	3 x 1ml Vials
Morphine 50mg / ml	25ml
Nozinan 40mg / ml	25ml
Ativan 1mgs / 1 tabs	6
Scopolamine 0.25mg / 0.1ml Syringe	3 x 1ml
Exacta-Med Dispensers 1ml	5 x 1ml

Who is appropriate for it?

Palliative care patients who are nearing the end-of-life and who are anticipated to die at home within two weeks of obtaining the Palliative Care Medication Mini Kit.

Who initiates use of the Palliative Care Medication Mini Kit?

- Palliative Care Program Physicians, or designate

- Designated Community Palliative Care Nurses
- Palliative Care Coordinators
- Palliative Care Sub Program Clinical Nurse Specialists

How is the Palliative Care Medication Mini Kit obtained?

1. The Community Palliative Care Team Registered Nurse will assess the patient's presenting symptoms, review current medication orders and check medications currently in the home noting amounts available.
2. The nurse will contact the Palliative Care Coordinator to discuss the assessment findings and to discuss the need for a Palliative Care Medication Mini Kit.
3. The Palliative Care Coordinator, following contact with the patient and / or family, may also determine that a Palliative Care Medication Mini Kit may be necessary.
4. The nurse in the home, or the Palliative Care Coordinator – if the coordinator has been in communication with the patient and family and has determined that a Palliative Care Medication Mini Kit is necessary, must advise the patient and family that they are expected to cover the cost of medications used from the Palliative Care Medication Mini Kit.
5. Taché Pharmacy has a limited number of Palliative Care Medication Mini Kits available and the pharmacist will know how many Palliative Care Medication Mini Kits remain available for use in the community.
6. The Palliative Care Coordinator will call Taché Pharmacy at 233-3469 and speak to the pharmacist to ensure that a Palliative Care Medication Mini Kit is available and to advise that a Palliative Care Medication Mini Kit Request Form will be sent to Taché Pharmacy.
7. The Palliative Care Coordinator will complete the Palliative Care Medication Mini Kit Request Form (Appendix A) and fax it to Taché Pharmacy.
8. The family should be encouraged to pick up the Palliative Care Medication Mini Kit from Taché Pharmacy. If this is not possible, Palliative Care Coordinator will make the appropriate arrangements through the Palliative Care Program's contracted courier and advise Taché Pharmacy that the Palliative Care Medication Mini Kit will be picked up by the courier to be delivered to the patient's home. The Palliative Care Coordinator will contact the Palliative Care Physician who has had the most contact with the patient to advise that a Palliative Care Medication Mini Kit is being sent into the home.
9. The Palliative Care Program Secretary will keep a list of the patients in the community who have Palliative Care Medication Mini Kits, and will provide a copy of this list to the Evening Palliative Care nurse each day.

How is it used?

1. Prior to the nurse opening the Palliative Care Medication Mini Kit to administer / pre-pour any medications; medical orders must be obtained from the Palliative Care Physician.

2. It should be anticipated that the need for medications removed from the Palliative Care Medication Mini Kit will continue and will exceed the amount available inside the Palliative Care Medication Mini Kit. Therefore, for medications removed from the Palliative Care Medication Mini Kit, the nurse should request that a prescription be phoned, faxed or couriered to the patient's pharmacy and will advise the family to arrange to pick up the medications.
3. Only medications that the Palliative Care Physician has provided medical orders for will be removed from the Palliative Care Medication Mini Kit.
4. As medications are removed from the Palliative Care Medication Mini Kit, the nurse in the home will record this information on the Palliative Care Medication Mini Kit Utilization Form (Appendix B) located inside the Palliative Care Medication Mini Kit. This form is to remain inside the Palliative Care Medication Mini Kit at all times.
5. The family must sign the Palliative Care Medication Mini Kit Utilization Form to acknowledge that they received the medication from the Palliative Care Medication Mini Kit. Families will only be billed for medications removed from the Palliative Care Medication Mini Kit.
6. Medications that remain in the Palliative Care Medication Mini Kit after it has been opened will remain locked inside the Palliative Care Medication Mini Kit unless the Palliative Care Physician has provided a medical order for their use.
7. Prior to administering / pre-pouring medications from the Palliative Care Medication Mini Kit, the nurse will teach the family in regards to the intervention and medication as required.
Note: If administering narcotics to a dying individual who has not received narcotic medications previously, or to a patient who will be receiving large or frequent doses of narcotics, a respiratory assessment that includes the number of respirations per minute must be completed prior to the administration of each dose. (If the respiratory rate is 7 – 8 respirations per minute, it may be necessary to withhold the medication. Therefore, the physician must be consulted if the respiratory rate is low). Because the patient may be experiencing periods of apnea (periods of breath holding), which is not uncommon during the dying process, it is recommended to count the respiratory rate for 3-4 minutes and average the rate per minute.)
8. Medications administered by the nurse will be documented on the Nursing Medication Record (located and to remain in the patient's medical record).
9. Based on the Community Palliative Care Nurse's Assessment, medications may be administered by the family once the nurse has provided teaching. Medications pre-poured by the nurse will be documented as such on the Nursing Medication Record (located and to remain in the patient's medical record).
10. Each time the Palliative Care Medication Mini Kit is accessed to obtain medications for use by the patient, a Palliative Care Medication Mini Kit Data Collection Sheet is to be completed (Appendix C). Depending on the number of times the Palliative Care Medication Mini Kit is accessed for medications, more than one data collection sheet may be filled out by the nurses for one patient.

What do you do with a used Palliative Care Medication Mini Kit?

1. Once the Palliative Care Medication Mini Kit has been opened, it will remain in the patient's home until it is empty or no longer required.
2. When the Palliative Care Medication Mini Kit is empty or no longer required, the family will return the Palliative Care Medication Mini Kit to the pharmacist at Taché Pharmacy. If this is not possible, the Palliative Care Coordinator will arrange for the Palliative Care Program's contracted courier to pick the used Palliative Care Medication Mini Kit up.
3. Patients who have a Palliative Care Medication Mini Kit and are going to be admitted to the hospital should be instructed to take the Palliative Care Medication Mini Kit with them to the hospital. The Palliative Care Coordinator will make arrangements to retrieve the Palliative Care Medication Mini Kit and will arrange to have it couriered to Taché Pharmacy.
4. The Palliative Care Medication Mini Kit Utilization Form is to remain in the Palliative Care Medication Mini Kit and will be returned to Taché Pharmacy when the Palliative Care Medication Mini Kit is returned to the pharmacy.

Draft

Appendix A



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Palliative Care Medication Mini Kit Request Form

For Palliative Care Coordinator Use Only:

PATIENT NAME _____

ADDRESS _____

PHONE # _____ DOB _____ PHIN _____

PALLIATIVE CARE COORDINATOR _____

DATE _____

Kit Transportation Arrangements:

(Please check one):

1. Will Pick-up _____

2. Courier to Deliver _____

Time when family will be home to receive Kit from Courier: _____

Once completed, fax document to Taché Pharmacy: Fax Number 231-1739

For Taché Pharmacy Use Only:

Name of Individual who picked Palliative Care Medication Mini Kit up

Name of Individual who returned Palliative Care Medication Mini Kit

Appendix B



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Palliative Care Medication Mini Kit Utilization Form

PATIENT NAME: _____

ADDRESS: _____

PHONE # _____ DOB _____ PHIN _____

MINI-DRUG KIT# _____

As medications are removed from the Palliative Care Medication Kit, they are to be recorded by the nurse on the table below. The family must sign for each medication as it is removed from the Palliative Care Medication Kit.

Medication	Date Removed	Nurse's Name (Printed)	Nurse's Signature	Family / Patient Signature
Dilaudid 10mg / ml Vial #1				
Dilaudid 10mg / ml Vial #2				
Dilaudid 10mg / ml Vial #3				
Morphine 50mg / ml				
Nozinan 40mg / ml				
Ativan 1mgs / 1 tabs				
Scopolamine 1.25mg / 0.1 ml syringe #1				
Scopolamine 1.25mg / 0.1ml syringe #2				
Scopolamine 1.25mg / 0.1ml syringe #3				

This document is to remain inside the Palliative Care Medication Mini Kit at all times. It is to be returned with the Palliative Care Medication Mini Kit to Taché Pharmacy when the kit is no longer required.

Appendix C



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PALLIATIVE CARE MEDICATION MINI KIT DATA COLLECTION SHEET

(One form to be completed each time the Palliative Care Medication Mini Kit is accessed and medications removed)

Please complete a form each time the Palliative Care Medication Mini Kit is accessed and medication removed and given to the family. Please use a new form each time, and keep all forms inside the Palliative Care Medication Mini Kit so that they will be returned to Taché Pharmacy with the kit when it is no longer required.

PATIENT NAME: _____

PHIN: _____ DOB: _____

Date: _____ Palliative Care Nurse: _____

1. Which symptoms(s) precipitated the use of the kit? (Please check all relevant)

- | | |
|--|---|
| <input type="checkbox"/> Pain | <input type="checkbox"/> Terminal congestion |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Delirium / Confusion |
| <input type="checkbox"/> Dyspnea | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Other (specify) _____ | |

2. What medication(s) was / were used to try to treat the symptom?

3. What was the outcome of the intervention?

4. Was the Kit essential in a successful outcome? Yes No

Comments: _____

Nurse's Signature