



Winnipeg Regional
Health Authority

Palliative Care

Office régional de la
santé de Winnipeg

Soins palliatifs

PALLIATIVE CARE SUB PROGRAM

FAMILY MEDICINE

EMERGENCY

PALLIATIVE CARE

SYMPTOM MANAGEMENT KIT

DRAFT GUIDELINES

(April 2002)



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

Palliative Care Sub-Program
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Approval:

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Date

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Date

INTRODUCTION

Research has shown that the majority of terminally ill patients would prefer to die in the comfort of their own homes and surrounded by those close to them (Higginson, 1999; McWhinney, Bass & Orr, 1995; Ontario Medical Association, 1996; Wilkinson, 2000). One of the goals of the Palliative Care Sub Program is to support patients in their wishes to die at home. Despite the availability of Community Palliative Care Nurses and Physicians for home visits for patient assessment and intervention, unplanned patient hospitalization is often required. This is mainly because sudden, aggravating symptoms of disease are difficult to treat at home (Smeenk, van Haastregt, de Witte & Crebolder, 1998), often due to sudden changes in patient medication requirements. An Emergency Palliative Care Symptom Management Kit (ESMK) is now available for palliative care program patients requiring access to medications and supplies needed in urgent palliative care situations in the home. The Kit includes enough medication to manage the palliative patient's distressing symptoms in the home for up to 48 hours. This allows time for necessary prescriptions to be processed at the patient's pharmacy while symptom control is achieved. There will be two Emergency Symptom Management 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 Kits will be evaluated on a monthly basis.

PURPOSE

To reduce the need for patient hospitalization by having immediate access to medications and supplies needed in urgent palliative care situations in the home.

GUIDELINES

1. A Palliative Care Sub Program Physician or designate must be consulted to release the Emergency Palliative Care Symptom Management Kit.
2. Only the following individuals are authorized to access the Emergency Palliative Care Symptom Management Kits under the direction of the Palliative Care Sub Program Physicians:
 - Designated Community Palliative Care Registered Nurses
 - Palliative Care Sub Program Clinical Nurse Specialists
 - Palliative Care Coordinators
 - Designated Palliative Care Pharmacists from Taché Pharmacy
3. The Palliative Care Sub Program, Community Clinical Nurse Specialist will be responsible for maintaining the list of Designated Community Palliative Care Registered Nurses (see Appendix A), and for providing this list to the St. Boniface Palliative Care Unit.
4. During the pilot project, the Emergency Palliative Care Symptom Management Kits will be located at St. Boniface General Hospital, Palliative Care Coordination Centre, Room A8018.

ASSESSMENT

1. Assess patient regarding nature and severity of distressing symptoms.
2. Review records for current medication orders, noting medications and amounts currently in the home.
3. Consult the Palliative Care Sub Program Physician on-call.
4. Assess need for Emergency Symptom Management Kit.

NURSING DIAGNOSES

Examples:

- a) Ineffective individual coping related to presence of distressing physical symptoms.
- b) Altered health maintenance related to distressing physical symptoms.
- c) Acute pain related to advancing disease process.
- d) Ineffective management of therapeutic regimen related to advancing disease process.

PROCEDURE

1. The Community Palliative Care Team Registered Nurse will assess the patient's presenting distressing symptoms, review current medication orders and check medications currently in the home, noting amounts available.
2. The nurse will contact the Palliative Care Physician on-call to discuss the assessment findings and the need to obtain the Emergency Symptom Management Kit.
3. If it is determined that the Kit is required, the Palliative Care Physician must advise the nurse to initiate the process for obtaining the Kit.
4. If the Kit is required during the hours of 0830 and 1630 hours, Monday to Friday:
 - a. The Community Palliative Care Nurse will contact the Palliative Care Coordinator, who will arrange to courier the Kit to the patient's home, by calling Alpine Express at phone number 925-7023, and quoting account number 1018.
 - b. The Palliative Care Coordinators located at Riverview Health Center must advise the Palliative Care Coordinators at St. Boniface General Hospital that the courier will be coming to obtain the Kit.
 - c. The patient's Palliative Care Coordinator will call Taché Pharmacy at phone number 233-3469 to advise that the Kit has been accessed.
5. If the Kit is required during the hours of 1630 and 0830 hours, or on weekends and statutory holidays:
 - a. The Community Palliative Care Nurse will contact Alpine Express at phone number 931-1421, and quote 1018 when arranging for the courier to attend to the St. Boniface General Hospital, Palliative Care Unit.
 - b. The Community Palliative Care Nurse will contact the Clinical Resource / Charge Nurse for the St. Boniface General Hospital, Palliative Care Unit (phone number: 237- 2341) to advise that the courier will be coming and to release the Kit to the courier.
 - c. The Community Palliative Care Nurse will provide the Clinical Resource / Charge Nurse with their employee number to verify designated Community Palliative Care Team Membership.

- d.* The employee number will be cross-referenced by the Clinical Resource / Charge Nurse to the list of designated Community Palliative Care Nurses and corresponding employee numbers provided by the Palliative Care Sub Program, to ensure authorized access to the Kit.
 - i.* Between the hours of 2200 and 0630 hours, the Clinical Resource / Charge Nurse will notify security (telephone number 237-2205) to advise that a courier will be arriving to the hospital and will require access to the 8th floor.
 - e.* The Community Palliative Care Nurse will leave a voicemail message for the patient's Palliative Care Coordinator as soon as possible, to report the need to access the Kit and to ensure that the appropriate services will be arranged to support the patient's changing needs.
 - f.* The Community Palliative Care Nurse will also call Taché Pharmacy at phone number 233-3469 to advise that the Kit has been accessed.
6. During the hours of 0830 and 1630 hours, Monday to Friday, the courier will arrive to the St. Boniface Hospital, Palliative Care Coordination Centre, Room A8018 to obtain the Kit.
7. Between 1630 hours and 0830 hours, or on weekends and statutory holidays, the courier will obtain the Emergency Palliative Care Symptom Management Kit from the Clinical Resource / Charge Nurse on the Palliative Care Unit. Security clearance is required to access the Palliative Care Unit between midnight and 0630 hours. This process is as follows:
- a.* The courier will arrive at the designated "Courier's Door" next to the hospital's receiving area.
 - b.* The courier will use the intercom to gain access into the hospital.
 - c.* The security personnel will contact the Palliative Care Unit to advise that the courier has arrived, and the courier will be directed to the Eighth floor.
8. The Emergency Palliative Care Symptom Management Kit will only be removed from its location by a Palliative Care Coordinator or the Clinical Resource / Charge Nurse, provided it is sealed with a red security tag and the tag is intact.

* If the red security tag is not intact, the Taché Pharmacist must be contacted immediately by calling phone number 233-3469 Monday to Friday (0900 to 1830 hours) and Saturday (1000 to 1600 hours), or paging the pharmacist on-call after-hours by calling phone number 932-2626. The pharmacist, together with the Palliative Care Coordinator or Clinical Resource / Charge Nurse, will complete an immediate audit of the contents of the Kit over the telephone. The Palliative Care Coordinator or Clinical Resource / Charge Nurse will complete an incident report form as soon as possible. If medications are missing from the Kit, the Program Director or the Medical Director of the WRHA Palliative Care Sub Program must be contacted. There are two Kits available, therefore; the Kit that remains secured with a red tag will be given to the courier.

9. The individual (Palliative Care Coordinator or Clinical Resource / Charge Nurse) who releases the Kit to the courier will observe the courier's photo identification badge. The Emergency Palliative Care Symptom Management Kit Transportation Form (Appendix B) can then be completed with the courier providing a signature and identification number.
10. Once the Emergency Palliative Care Symptom Management Kit has arrived at the patient's home, the Community Palliative Care Nurse, provided the red security tag is intact, will open the Kit.

* If the red security tag is not intact, the Taché Pharmacist must be contacted immediately by calling phone number 233-3469 Monday to Friday (0900 to 1830 hours) and Saturday (1000 to 1600 hours), or paging the pharmacist on-call after-hours by calling phone number 932-2626. The pharmacist, together with the nurse, will complete an immediate audit of the contents of the Kit over the telephone so that remaining medications may be used to treat the patient. The Community Palliative Care Nurse will complete an incident report form as soon as possible. If medications are missing from the Kit, the on-call supervisor for Home Care (the Evening Nursing Resource Coordinator, between 1530 and 2230 hours, telephone number 940-3637, or the After-Hours Supervisor, between 2230 and 0800 hours, telephone number 945-0183) must be contacted immediately. The on-call supervisor for Home Care will then notify the After-Hours Program Manager. The After-Hours Program Manager will contact the Program Director or Medical Director of the WRHA Palliative Care Sub Program.

11. The red security tag is removed from the Kit by cutting the tag off. The red security tag number should correspond with the security tag number documented on the Emergency Symptom Management Kit Order Form located inside the Kit. If the numbers do not match, the appropriate changes must be made to the number on the Order Form.
12. The nurse, prior to the administration / pre-pouring of any medications from the Kit, must acquire medical orders from the Palliative Care Physician on-call. Once these orders are obtained, they are to be documented in the patient's chart. If it is anticipated that the patient will require further doses of medications, the nurse will 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.
13. As medications are removed from the Kit, they must be recorded on the Emergency Palliative Care Symptom Management Kit Order Form (Appendix C).
14. Prior to administering / pre-pouring medications from the Kit, the nurse will teach the family in regard 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.

15. Based on the Community Palliative Care Nurse's assessment, medications can be set up for the family to administer. In an attempt to avoid waste, medications will be pre-poured to a maximum of 24 hours (Sunday through Thursday) and a maximum of 48 hours (Fridays and Saturdays). The nurse will document pre-poured medications on the Nursing Medication Sheet (located and to remain in the patient's medical record).
16. Documentation of access into the Kit and intervention, in addition to that outlined in the Home Care Nursing Procedures Manual, will include:
 - a. The Emergency Palliative Care Symptom Management Kit Order Form located inside the Kit (Appendix C). Once completed, leave the carbon copy of the document in patient's medical record in the home and place the original inside the Kit. Taché Pharmacy will forward this document to the Palliative Care Sub Program.
 - b. The Emergency Palliative Care Symptom Management Kit Utilization Record is located inside the Kit (Appendix D). It is not necessary to complete this form at the nursing visit, but should be completed as soon as possible. Once completed, the form is to be mailed to the Palliative Care Sub Program, A8024 – 409 Tache Avenue, R2H 2A6.
17. When finished with the Kit, the white security tag contained inside the Kit will be attached to secure the closure of the zippers. The white security tag number should correspond with the security tag number documented on the Emergency Palliative Care Symptom Management Kit Order Form located inside the Kit. If the numbers do not match, the appropriate changes must be made to the number on the Order Form.
18. If the Kit arrived to a patient's home, but medications were not used, the red security tag must still be removed. The number on the Emergency Palliative Care Symptom Management Kit Order Forms should correspond to the number on the red security tag. Reasons for the Kit not being utilized must be recorded on the Emergency Palliative Care Symptom Management Kit Order Form located inside the Kit. The forms should be placed inside the Kit and the white security tag must be attached to secure closure of the zippers.
19. The nurse will contact Alpine Express by calling phone number 925-7023 (between 0800 and 1700 hours) or 931-1421 (between 1700 and 0800 hours), and quoting account number 1018 when arranging for the courier to retrieve the Kit.
 - The Community Palliative Care Nurse is not required to wait in the home for the Kit to be picked up by the courier; this decision will be left to the discretion of the Community Palliative Care Nurse, and will depend on the circumstances of the situation. For example, if there are major concerns about possible theft or abuse of the contents of the Kit, then it may be advisable to wait until the courier arrives. However, there are mechanisms in place to detect such tampering, and it is likely that a prescription for ongoing medications will soon arrive in the home, without such safeguards. The potential for inappropriate use of medications is an ongoing consideration, whether it be with regards to the Kit contents or the patient's own medications.

20. Between the hours of 0830 and 1630 hours, Monday to Friday, the Kit will be returned to St. Boniface General Hospital, Palliative Care Coordination Centre, Room A8018.
Between the hours of 1630 and 0830 hours, Monday to Friday, and on weekends and Statutory Holidays, the Kit will be returned to the Clinical Resource / Charge Nurse on the Palliative Care Unit at St. Boniface General Hospital.
21. The Community Palliative Care Nurse will contact the Taché Pharmacy, via the regular phone number (233-3469) and speak with the pharmacist on duty, or leave a voicemail message, indicating that the Kit has been returned to St. Boniface General Hospital.
22. Once the courier arrives at the appropriate location with the Kit, the Palliative Care Coordinator or Clinical Resource / Charge Nurse will ensure that the white security tag is intact. The Emergency Palliative Care Symptom Management Kit Transportation Form (Appendix B) will be completed, and the courier's identification number and signature obtained.
 - * If the white security tag is not intact, the Taché Pharmacist must be contacted immediately by calling phone number 233-3469 Monday to Friday (0900 to 1830 hours) and Saturday (1000 to 1600 hours), or paging the pharmacist on-call after-hours by calling phone number 932-2626. The pharmacist, together with the Palliative Care Coordinator or Charge Nurse, will complete an immediate audit of the contents of the Kit over the telephone. The Palliative Care Coordinator or Clinical Resource / Charge Nurse will complete an incident report form as soon as possible. If medications are missing from the Kit, the Program Director or Medical Director of the Palliative Care Sub Program must be contacted.
23. The Palliative Care Coordinator or Clinical Resource / Charge Nurse will ensure that the Kit is returned and locked in its designated location in the Palliative Care Sub Program, Coordination Centre, Room A8018.
24. During regular business hours, the pharmacist will obtain the Kit from the Palliative Care Coordination Centre and replace medications and supplies as required.
25. The Palliative Care Coordinator will release the Kit to the pharmacist by completing the Emergency Palliative Care Symptom Management Kit Transportation Form (Appendix B) and obtaining the pharmacist's identification number and signature.
26. The pharmacist will return Emergency Palliative Care Symptom Management Kit to the Palliative Care Coordination Centre as soon as possible.
27. The Palliative Care Coordinator will receive the new Kit and along with the pharmacist, complete the Emergency Palliative Care Symptom Management Kit Transportation Form (Appendix B).
28. The Emergency Palliative Care Symptom Management Kit will remain locked and ready for use in the designated location in the Palliative Care Coordination Centre when not in use.

References

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Appendix A
WRHA PALLIATIVE CARE SUB PROGRAM
Policy for Management of Home Care Nursing Unit
Palliative Care Nurses' Employee Identification Numbers

Background:

The collaboration between the Winnipeg Regional Health Authority (WRHA) Palliative Care Sub Program and the Home Care Nursing Unit has enabled many patients to remain at home to die. The programs work together to develop ways to integrate services so that care provided continually improves and responds to the needs of patients and their families at the end of life. As such, an Emergency Palliative Care Symptom Management Kit (ESMK) is now available for immediate access to medications and supplies needed in urgent palliative care situations in the home. Only designated Community Palliative Care Nurses are authorized to obtain and use the ESMK.

When the ESMK is needed in the community and after regular hours, the St. Boniface General Hospital, Palliative Care Unit must be able to verify that the individual calling in to obtain the ESMK is in fact authorized to do so. For this reason, a list of the designated Community Palliative Care Nurses' employee numbers will be provided to the St. Boniface Palliative Care Unit. When the Community Palliative Care Nurse calls the nursing unit to obtain the ESMK, the nurse will provide the Clinical Resource / Charge Nurse with their employee number. The employee number will be cross-referenced by the Clinical Resource / Charge Nurse to the List of Designated Community Palliative Care Nurses and employee numbers to ensure Palliative Care Team Membership and subsequent authorized access to the Kit.

Purpose:

1. To ensure that confidential employee information is handled according to FIPA Regulations and any other applicable legislation and WRHA policies and procedures.

Key Points:

1. The Palliative Care Sub Program, Community Clinical Nurse Specialist (CNS) will be responsible for providing the designated Community Palliative Care Nurse with education about the Emergency Symptom Management Kit and explain the rationale for obtaining the Community Palliative Care Nurse's employee identification number.
2. The CNS will provide the Consent for Release of Employee Identification Number to the Community Palliative Care Nurse.
3. The Community Palliative Care Nurse will provide written consent on the document and return it to the CNS.
4. The CNS will manage the consent form in a confidential manner and will update the List of Designated Community Palliative Care Team Nurses accordingly.
5. The CNS will update and revise the membership list as required and will ensure a copy of the revised list is provided to the St. Boniface General Hospital, Palliative Care Unit.
6. The list is provided to the Palliative Care Unit for the sole purpose of verifying that a designated Palliative Care Nurse from the Home Care Nursing Unit is calling and is authorized to access the Emergency Palliative Care Symptom Management Kit stored at the St. Boniface General Hospital.
7. The List of Designated Community Palliative Care Team Nurses must not be duplicated in whole or in part without the written consent of the Palliative Care Sub Program Community CNS.

Appendix C



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EMERGENCY PALLIATIVE CARE SYMPTOM MANAGEMENT KIT ORDER FORM

PATIENT NAME: _____

DOB _____ PHIN _____

Date/ Time Sent _____ Date/ Time Returned _____

EMERGENCY SYMPTOM MANAGEMENT KIT# _____

RED SECURITY TAG # _____

WHITE SECURITY TAG # _____

SUBLINGUAL / Oral		SUPPOSITORY		INJECTABLE	
Dexamethasone injectable	4 mg/ml	Acetaminophen	650 mg	Dexamethasone	4 mg/ml
Haloperidol injectable	5 mg/ml	Dimenhydrinate	100 mg	Dimenhydrinate	50 mg/ml
Hydromorphone injectable	10 mg/ml	Prochlorperazine	10 mg	Diphenhydramine	50 mg/ml
Lorazepam (Sublingual)	2 mg	Triple Anti-nauseant	Maxeran 15mg	Flumazenil	0.1mg/ml
Methotrimeprazine	40 mg/ml		Gravol 75mg	(PHYSICIAN TO ADMINISTER ONLY)	
Morphine injectable	50mg/ml		Stemetil 10mg	Haloperidol	5 mg/ml
Sufentanil	50 mcg/ml			Hydromorphone	10 mg/ml
				Methotrimeprazine	25 mg/ml
				Metoclopramide	10 mg/2 ml
Scopolamine topical gel	2.5 mg/ 0.1 ml			Midazolam	5 mg/ml
				Morphine	15 mg/ml & 50 mg/ml
				Naloxone	0.4 mg/ml
				Phenobarbital	120 mg/ml
				Scopolamine	0.6 mg/ml
				Vitamin K (Subcutaneous)	10mg/ml

The following medications were used and/ or wasted from the Kit by the Community Palliative Care Nurse:

MEDICATION	RN SIGNATURE

Carbon copy to be kept in patient's record in the home.

Place original of this document inside the Kit to be returned to the St. Boniface Hospital, Palliative Care Coordination Centre.

