



fraserhealth

Regional Pre-Printed Orders for COVID-19 KIT FOR PATIENT AT HOME Palliative Care



Form ID: DRDO107347B

Rev: May 01, 2020

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DRUG & FOOD ALLERGIES

- **Mandatory** **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

Patient meets all of the criteria:

- Patient is COVID positive or presumed positive and the goal is to die at home
- Patient is showing signs decline with no reversibility
- Patient/family **MUST** have an updated discussion around short prognosis, possibility of sudden respiratory crisis at end of life and risk of infection at home - confirm that family is able to provide end of life care
- Patient **MUST** have an updated MOST (typically DNR M1/M2)
- Patient must have confirmed home health involvement
- Palliative Benefits (Plan P) submitted. Patient will pay for the medications before Plan P approval

NOTE:

- The orders listed below are appropriate starting doses for someone **NOT** taking these medications regularly.
- This PPO is for patients with non-complex COVID symptoms. If patient is admitted to hospital with complex COVID symptoms, patient should remain in hospital
- If patient develops unmanageable COVID symptoms at home, instruct family to call 911 (even if DNR M1/M2 as hospitalization for symptom management is appropriate)

Community pharmacy to dispense the following medications and supplies as a Palliative Care COVID-19 kit:

Medications	Quantity (no refills)
• HYDROmorphone 0.25 to 0.5 mg subcutaneous Q30MIN PRN pain or SOB (Patient instructions: Max 6 doses in 24 hours. If symptoms are still not controlled, call your nurse)	10 x 2 mg per mL vials (Duplicate prescription required for narcotics; send to community pharmacy per current College guidelines)
• HYDROmorphone 1 to 2 mg subcutaneous Q20MIN PRN severe pain or SOB x 2 doses (Patient instructions: Maximum: 2 doses. If symptoms are still not controlled, call your nurse)	
• LORazepam 1 to 2 mg sublingual Q2H PRN anxiety	10 x 1 mg sublingual tablets
• haloperidol 1 mg subcutaneous Q4H PRN nausea or agitation	5 x 5 mg per mL vials
• acetaminophen 650 mg rectal Q6H PRN fever	10 x 650 mg suppositories

Acute Care Staff:

- Please fax this prescription to the patient's community pharmacy of choice and call to confirm availability of medications. Please instruct the family to call ahead to the pharmacy to make arrangements for medication pick up.
If the pharmacy is unable to fill this prescription, please contact your local Palliative Care team for assistance/suggestions
- Please fax complete order to Home Health Office.

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name and College ID#