

COVID-19 KIT – Prescription/Order Form

Patient: _____ OHIN: _____ DOB: _____ Phone: _____

Address: _____ Allergies: _____ Date Ordered: _____

CRITERIA FOR PRESCRIBING COVID-19 KIT:

- 1) Suspected or confirmed COVID-19
 - 2) Goals of Care consistent with symptom focus and plan for end of life care outside acute care hospital
 - 3) End of life reasonably foreseeable
 - 4) Does not already have a SRK in the home
 - 5) Prescriber or designate is available 24h/day to provide appropriate coverage
- ☐ Urgent Delivery (< 5h) required
OR
☐ Same-day Delivery (before 2100) required

INSTRUCTIONS FOR PRESCRIBERS

- 1) Place your initials in the column beside the medications you want included in the kit
- 2) Fax this completed form to the South East Local Health Integration Network (LHIN) Home and Community Care Program @ **FAX: 1 – 866 – 839 – 7299**

Symptom	Initials	Medications	Concentration	Specific Order	# to Dispense	ODB / LUC*
Dyspnea		Hydromorphone	10 mg/ml (parenteral)	0.5 mg sc Q30 min PRN If requiring > 5 doses of PRN in 24h, initiate regular dosing Q4h and continue PRN dose; titrate up as required; if patient already on opioids, continue prior opioid dose but consider increasing 25-50%	3 x 1 ml	ODB
Oropharyngeal secretions		Atropine Sulfate	1% drops 1 drop ~ 0.5 mg	1-2 drops sublingual q4h prn	1 x 5 ml	ODB
Agitation		Midazolam OR Methotrimeprazine (autosubstituted if midazolam unavailable)	5 mg/ml (parenteral) 25 mg/ml (parenteral)	0.5 mg sc Q30 min PRN If requiring > 3 doses of PRN in 24h, consider regular dosing Q2h and continue PRN dose 6.25 mg sc Q2h PRN If requiring > 3 PRNs in 24h, call prescriber and consider regular dosing Q4h and Q2h PRN	5 x 1 ml 5 x 1 ml	495

CONTACT PRESCRIBER PRIOR TO ADMINISTERING ANY OF THE ABOVE MEDICATIONS? ☐ YES ☐ NO *see reverse for codes + rationale legend☐ Insert Foley Catheter to straight drainage PRN

Prescriber name: _____ Prescriber signature: _____

Address: _____ CPSO/CNO#: _____ Office phone number: _____

Secondary phone number: _____ Pager number: _____ Fax number: _____

South East Local Health Integration Network

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FOR EXPERT ADVICE CONTACT:

Queen's Palliative Care Medicine: Mon-Fri, 0800-1700: **613-548-2485**; After-hours KHSC Operator: **613-548-3232**, request to page Palliative Care MD on call
Medical Pharmacy: Mon-Sun, 0800-2000: **1-844-292-7585 x 35981**; After-hours pager: **1-888-290-8226**

Forms can be obtained by contacting any South East LHIN office or through the website <http://healthcareathome.ca/southeast/en/Partners/forms>

Opioid Conversion Doses ¹			Limited Use Codes ²	
Drug	Approximate Equivalent Dose (mg)		Used in specific circumstances such as palliative care	
	Parenteral	Oral		
Codeine	120	200	LUC 481	For the management of patients receiving palliative care
Fentanyl	0.1-0.2	n/a	LUC 495	For the intermittent injection used for symptomatic relief in patients receiving palliative care
Morphine	10	20-30		
Hydromorphone	2	4-6	LUC 496	For the continuous infusion in patients receiving palliative care
Oxycodone	n/a	30		

¹ Cancer Care Ontario Guides to Practice: <https://www.cancercare.on.ca/toolbox/symptools/>

² Ontario Government Formulary: <https://www.formulary.health.gov.on.ca/formulary/>

Supplies contained within all COVID-19 kits		
• 1 - 12F Foley Catheters	• 50 – 1 CC syringes	• 4 – transparent dressings (10x12cm)
• 1 - 14F Foley Catheters	• 15 – 18g 1.5" blunt fill needles	• 1 – sharps container
• 1 - Foley catheter insertion kit	• 10 Foam Toothettes	
• 1 - Foley night bag	• 2 – 23g Saf T Intimas	
• 1 - cath secure	• 2 – 25g Saf T Intimas	
• 4 – displacement cap (microclave clear)	• 1 – roll micropore tape	
• 50 – Red Tip Caps	• 50 – alcohol swabs	