fraserhealth

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

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
- Patient is showing signs of rapid respiratory decompensation with no reversibility, goal is to die at home
- Patient/family MUST have an updated discussion around diagnosis and short prognosis
- 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.

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, then call your nurse)	10 x 2 mg/mL vials (Duplicate prescription needed)
• **HYDROmorphone** 1 to 2 mg subcutaneous Q20MIN PRN severe pain or SOB x 2 doses (Patient instructions: Max 2 doses, then 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/mL vials
• **acetaminophen** 650 mg rectal Q6H PRN fever	10 x 650 mg suppositories

☐ Provide 20 syringes (1 mL syringe with lure lock and 25 gauge needle), and 40 alcohol swabs

** Please send duplicate prescriptions to community pharmacy as per current college guidelines **

** This PPO is for patients with non-complex COVID symptoms, if symptoms become unmanageable at home, please call 911

Please fax complete order to Home Health Office

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