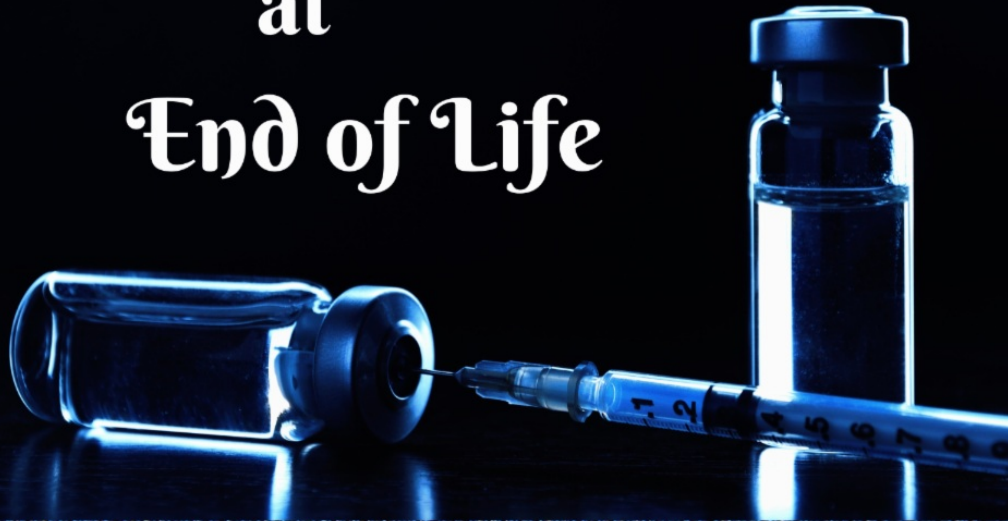


Symptom Management at End of Life



End of Life Symptom Management

Palliative symptom management approaches disease in a holistic manner, addressing not only the physical aspect of symptoms but also the psychological, social, and spiritual dimensions of suffering for total symptom relief.

The main goal of palliative care is symptom management to allow the best quality of life for the patient.



What is a Symptom Response Kit?

The Symptom Response Kit (SRK) is a standardized package of medications and related medical supplies provided to a patient who is approaching end-of-life for the purpose of relieving unanticipated or rapidly escalating symptoms.

Why Use a Symptom Response Kit?

1. Symptom issues are not predictable
2. Able to respond to symptom issues quickly
3. Optimize patient comfort at EOL

The SRK is not intended to replace the need for proper clinical assessment leading to well defined care plans that properly identify potential issues.

Guidelines

Any member of the care team can recommend to the Most Responsible Physician (MRP) or Nurse Practitioner that a Symptom Response Kit (SRK) may be beneficial in facilitating a comfortable death in the home. The SRK is used to relieve potential symptoms for patients receiving hospice palliative care services and to facilitate a comfortable death at home.

This kit is solely for the purpose of alleviating unanticipated symptoms, to avoid unnecessary hospital/ER admissions or until a regular prescription can be obtained. The SRK can be thought of as a “crash cart” in the home. The Most Responsible Physician (MRP) or Nurse practitioner (NP) must complete a separate ongoing order if the medication is anticipated for continued use as there is limited supply in the kit.

When is the SRK Note Appropriate

1. There is **no caregiver** in the home to take responsibility for safekeeping of the kit.
 2. There is **evidence of substance abuse** by the patient and/or family and there is no effective harm reduction plan to prevent medication misuse.
 3. There is evidence the medications in the SRK may be **used for purposes other than those intended**
 4. If there is evidence the medications in the SRK may be **misused or administered outside the procedural guidelines**.
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Symptom Response Kit (SRK)

5,000

SRKs are ordered each year in the Central East, South East and Champlain regions

SRKs should be considered at
PPS 60-40%

SRKs are for **anticipatory** planning for expected symptoms

There is **NO COST** to the patient

When to Order a SRK

An SRK should be considered when:

1. The patient is appropriate for a Palliative Care approach.
2. The prognosis is <6 months and the patient is expected to deteriorate quickly.
3. The goal is to avoid emergency room visit and/or hospital admission.
4. There is a known trajectory with expected symptoms.
5. The patient/family are aware and in agreement to store the SRK in the home and not to open it unless with direction from their health care provider.
6. Medications in an existing SRK have expired and/or new medications are needed for new anticipated symptoms.

For more information on the SRK process, please contact your local Home and Community Care Support Services at 310-2222 (no area code required), or:

Central East: Phone: 1-800-263-3877 | Fax: 1-855-352-2555

Champlain: Phone: 1-800-538-0520 | Fax: 1-800-373-4945

South East: Phone: 1-800-869-8828 | Fax: 1-866-839-7299

Process

- Prescriber completes the Symptom Response Kit Prescription/Order form and faxes to local Home and Community Care Support Services
- The pharmacy will deliver the SRK by 9 p.m. the next business day
- Nurses in the home will determine if anticipated symptoms have arisen and contact the Prescriber, if indicated
- Nurses in the home will administer medications as ordered and follow up with the Prescriber regarding symptom management
- It is the responsibility of each member in the patient's health care team to review and share care goals, and to support planning for an expected death

Please Note

If symptoms are currently being presented, or the PPS is $\leq 20\%$, an SRK is **NOT** appropriate. Please order medications directly from the patient's local pharmacy or pharmacy of choice.



Initiating the SRK

It is appropriate to use the SRK in situations when:

- The patient has sudden symptoms that cannot be managed by the medication already available to the patient as ordered on a routine or PRN basis; or
- It is not possible to contact the patient's MRP and/or pharmacy quickly enough to relieve the

patient's symptoms through additional prescriptions; or

- The symptoms are of such intensity that without the SRK, a visit to the emergency room/hospital would be required

Nurse Responsibilities

- Monitor the SRK expiry date
- Call the prescriber;
 - If unclear on the orders
 - If medications go missing
 - Prior to administering medications, if indicated on the order form
- Insert subcutaneous lines for all medications initiated
- Use knowledge, skill and judgement to determine which dose in the range to administer
- Nurse should not leave the home until the patient has been assessed for the effects of the medication given
- Verify the green tamper evident seal is intact at each visit
- If the green tamper evident seal is broken by someone other than the nurse, the nurse will complete a count of the medication
- If medication is missing the nurse is responsible to provide verbal notification to the ordering physician/NP and to the CC within 24 hours
- When the patient displays symptoms that require the use of the medications in the SRK, the nurse will administer the medication as ordered by the MRP and document
- The nurse is responsible for informing the MRP and Care Coordinator (CC) within 24 hours that medication has been administered from the SRK
- Follow up when SRK medications are accessed, the MRP (or covering) MUST be advised

MOST COMMON SYMPTOMS AT EOL

- Oropharyngeal Secretions
- Nausea/vomiting
- Agitation & Delirium
- Anxiety
- Pain
- Dyspnea

In rare cases - Acute Seizures and Catastrophic Bleed

Oropharyngeal Secretions:

Anxiety:

Non-pharmacological Measures:

- Repositioning
- Education for Family /caregivers
- Do not suction

Pharmacological:

Anticholinergics:

- Scopolamine
 - Glycopyrrolate
 - Atropine drops - buccally
-

Nausea & Vomiting:

Non-pharmacological Measures:

- Complete comprehensive assessment aimed at identifying the cause
- Reduce strong smells, good oral hygiene, assess for constipation

Pharmacological Measures:

- Metoclopramide
 - Haldol
 - Methotrimeprazine (Nozinan)
-

Dyspnea:

Non-pharmacological Measures:

- Complete comprehensive assessment aimed at identifying the cause
- Repositioning, fan, open window, calm and quiet environment
- Oxygen if required (symptomatic or hypoxic)

Pharmacological Measures:

- Low dose opioids (1st line)
 - Morphine - 0.5-1mg SQ q1hr PRN
 - Nozinan (Methotrimeprazine)
 - Midazolam -Dyspnea Crisis
 - Very sedating
 - Align with GOC
-

Catastrophic Bleed:

Rare but frightening terminal event
Death is pain free and quick
6-10% patients with advanced cancer

High Risk Cancers:

- Lung cancers with hemoptysis
- Upper and lower GI tumors

Non-pharmacological Measures:

- Complete comprehensive assessment - try to determine the cause if able (ie. dyspnea, pain)
- Calm, reassure, quiet environment, music, touch

Pharmacological Measures:

- Methotrimeprazine (Nozinan)
- Midazolam (Versed)
- Use cautiously in the elderly (confusion, falls) - start low and titrate to lowest dose effect

(Ativan can be ordered by MD/NP if needed from person's pharmacy)

Agitation & Delirium:

Non-pharmacological Measures:

- Complete comprehensive assessment - try to determine the cause if able (ie. dyspnea, pain, urinary retention, constipation etc.)
 - Testing/treatment must align with GOC
- Education with family - normalize
- Gentle, repeated reassurance, avoid confronting
- Calm/quiet environment

Pharmacological Measures:

- Haldol
 - Nozinan (Methotriepazine)
 - sedating
 - Midazolam
 - very sedating
 - used for refractory symptom management
-

Pain:

Non-pharmacological Measures:

- Complete comprehensive assessment
 - OPQRSTUV/Painad
 - Physical Assessment
- Pain is whatever the person experiencing says it is! (Margo McCaffery-1999)
- Remember to assess for "Total Pain"
- Repositioning, massage, heat/cold packs, calm/quiet environment, re-assurance

Pharmacological Measures:

- Morphine/Hydromorphone
- Know your calculations from oral to SQ and SQ to continuous infusion
- Is or patient opioid naïve or has patient

- Head and Neck cancers (near the carotid)
- Bladder cancer
- Hematological cancers

Risk Factors:

- Fungating wounds near major vessels
- Coagulation disorders
- Severe liver disease
- Medications - NSAIDS, anticoagulants, steroids
- Local infected wounds
- Local radiation
- Herd's bleeds - episode of hemorrhage, often accompanied by abdominal pain, which may precede by hours to weeks a catastrophic

Non-pharmacological Measures:

Planning Ahead:

- Discuss risk with patient and family- very distressing for the family
- Review medications

Prepare the home:

- Kit - dark towels, dark sheets, face cloth, PPE (suction, O2)
- Medications - SRK - Midazolam
- Ensure caregiver is aware of who to call

During:

- ABC Algorithm
- A = Assurance
- B = Be there
- C = Comfort and calm
- Apply pressure, if able/cover with bleeding with dark towels

Pharmacological Measures:

- Midazolam - as ordered, notify MD/NP as soon as able
- Morphine/Hydromorphone for comfort
- Further doses could be administered if crisis persists and nurse is unable to reach MD/NP
- Pre-drawn high dose Midazolam syringes should be stored separately from other medications and teaching should be provided to patients/families

been taking opioids regularly?

Seizure:

- Seizures occur in about 1% of patients with advanced cancer
- Brain tumors incidence is about 20-50%
- About 20% in patients with brain mets.
- Most seizures are self-limiting and require supportive care
- If ongoing > 2min and patient does not recover between seizures, prompt treatment is needed
 - Especially if grand-mal seizures - distressing to patients and families

Non-pharmacological Measures:

- Place patient on their side and protect them from injury
- Support and provide education
- Once under control:
 - review anti-epileptic treatment/medications
 - check BS levels
 - review corticosteroid doses (brain tumor or mets)

Pharmacological Measures:

- Midazolam (Versed) - as ordered, notify MD/NP as soon as able.
- Note - Further doses could be administered if crisis persists and nurse is unable to reach MD/NP
- Pre-drawn high dose Midazolam syringes should be stored separately from other medications and teaching should be provided to patients/families

Other Medications:

Phenobarbital

- Ongoing seizure management
- Weight based
- May be used for seizure prophylaxis if oral route is lost

2. Dexamethasone

- Consider if patient is currently taking oral Dexamethasone

3. Furosemide

- Consider if patient is at risk for flash pulmonary edema or severe decompensated heart failure when unable to take orally

- Face to face assessment
- Family can be taught to administer medications, when care plan and goals of care have been established
- Nurse must update Physician, as soon as possible to order ongoing medication - to ensure there is no gap in symptom management
- Nurse to update H&CCSS CC with change in patient status and need to use SRK

Medication
Concentration
Dose amount
Date
Nurse initials

SRK only contains enough medication for 24 hours - notify prescriber once the kit has been open to obtain ongoing orders

Disposing of the SRK Kit:

- Nurse is responsible for counting and documenting the unused medications
- Nurse to apply the red tamper evident seal
- Contact H&CCSS CC to request "pick up" of unused medication and supplies
- Nurse is never to take medications out of home.

Central East Palliative Pain and Symptom Management Consultants

For consultation support or education requests:

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Palliative Pain & Symptom Management Consultant
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Gwen Cleveland, RN, BScN, MEd, CHPCN(C)

Palliative Pain & Symptom Management Consultant
Scarborough

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Sept. Educational Opportunities:

Confidentiality & Use of Social Media in the Workplace

Lunch and Learn

- Wednesday, July 13/2022
- 12-1pm

Lunch & Learn
Registration

Coffee and Palliative Care

- Thursday, July 14/2022
- 3-4pm

Coffee & Care
Registration

Durham Region PPSMC
Educational Hub

PDF Version of
Newsletter

VON Fall Palliative Care Education 2022

Fundamentals in Hospice Palliative Care - Sept./Oct/ 2022(click here for further details)

Fundamentals in Hospice Palliative Care -- Oct./Nov. 2022(Click here fore future details)

Enhanced Fundamentals in Hospice Palliative Care -Oct. 2022(Click her for further details)



Durham
Hospice
Services

Please help VON Durham Hospice Services support our Palliative Community.

We offer:

- Hospice Volunteer supports
- Patient & Caregiver support groups
- Hospice Nurse Navigation
- Supportive Care Counselling
- Grief & Bereavement support
- Community Education

[Visit our Website | vondurham.org](#)

[VON Durham Referral Form](#)



Hospice Peterborough offers:

- Hospice Volunteer supports
- Patient & Caregiver support groups
- Nurse Navigation
- Supportive Care Counselling
- Grief & Bereavement support
- Community Education
- [Hospice Residence](#)



[hospicepeterborough.org](#)

[Referral Form](#)

Thanks to Oak Ridges Hospice for their ongoing support and exemplary end-of-life care. If you are interested in a tour or making a referral, please visit their website for more information.

[Visit their Website | Oak Ridges Hospice](#)



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