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**PALLIATIVE CARE EMERGENCY SYMPTOM MANAGEMENT KIT**

**RELEASE AND PRESCRIPTION AUTHORIZATION FORM**

**PATIENT NAME:**

**PATIENT ADDRESS:**

**PHONE#: DOB: PHIN:**

**NAME AND SIGNATURE OF INDIVIDUAL RECIEVING KIT (nurse, physician):**

**DATE and TIME:**

**NAME AND SIGNATURE OF WITNESS TO REMOVAL OF KIT:**

**PHYSICIAN SIGNATURE:**

*Note: The physician signing authorizes the use of the below list of products in the symptom management of this patient*

**DATE and TIME:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tablets** | **Quantity** |  | **Supplies** |  |
| dexamethasone 4mg | 12 |  | Integrated safety IV catheter system for subcutaneous therapy 24gauge 0.75 inches | 8 |
| dimenhyDRINATE (Gravol) 50mg | 12 |  | Blunt fill needle with filter 18G | 10 |
| haloperidol (Haldol) 1mg | 12 |  | Blunt fill needle without filter 18G | 5 |
| hyoscine (Buscopan) 10mg | 12 |  | Injection caps | 5 |
| LORazepam (Ativan) 1mg | 12 |  | Fabric tape | 10 |
|  |  |  | Paper tape | 1 roll |
| HYDROmorphone (Dilaudid) 2mg | 12 |  | Alcohol Swabs | some |
| morphine 10mg | 12 |  | 3mL syringes | 20 |
|  |  |  | 1mL syringes luer lok | 40 |
| **Injection** |  |  | Small biohazard container | 1 |
| dexamethasone 4mg/mL | 1x5mL |  | Tourniquet | 1 |
| furosemide 20mg/2mL | 5 |  | Safety needles 23 gauge x 1inch | 5 |
| haloperidol (Haldol) 5mg/mL | 5 |  | Disposable gloves | 8 pair |
| hyoscine (Buscopan) 10mg/mL | 5 |  | Plastic tape | 1 roll |
| methotrimeprazine 25mg/mL | 5 |  | Blunt plastic cannula | 10 |
| metoclopramide 10mg/mL | 5 |  | 2x2 gauze | some |
| naloxone 0.4mg/mL | 2 |  | Permanent marker | 2 |
| scopolamine 0.6mg/mL | 5 |  | Nasal atomizer | 3 |
|  |  |  | Medication labels | some |
| fentaNYL 100mcg/2mL | 5 |  | Clear plastic bags | some |
| HYDROmorphone 10mg/mL | 10 |  | Muko | some |
| morphine 10mg/mL | 10 |  | Luer Lock-to-Luer Lock with cap RAPIDFILL connector | 1 |
|  |  |  |  |  |
| **Suppositories/Enemas** |  |  |  |  |
| acetaminophen (Tylenol) 650mg | 5 |  |  |  |
| bisacodyl (Dulcolax) 10mg | 5 |  |  |  |
| dimenhyDRINATE (Gravol) 50mg | 5 |  |  |  |
| Fleet enema | 1 |  |  |  |

# RETURN OF KIT

## PHARMACIST’S SIGNATURE:

DATE and TIME: