Team Name: Palliative Care Team	Reference Number: CLI.5910.PL.002
Team Lead: Regional Director, Seniors/Palliative Care	Program Area: Palliative Care
Approved by: Executive Director – West	Policy Section: General
Issue Date: January 4 2016 Review Date: Revision Date: January 25, 2017	Subject: Palliative Care Emergency Symptom Management Kit

POLICY SUBJECT:
Palliative Care Emergency Symptom Management Kit

PURPOSE:
To provide direction to health care providers related to the access and use of the Palliative Care Emergency Symptom Management Kit (ESMK).

One of the goals of the Palliative Care Program is to support terminally ill patients in their wishes to die at home, or at least remain there as long as possible. Sudden aggravating symptoms of disease are often difficult to treat at home, due to sudden changes in medication requirements.

The ESMK provides access to medications and supplies for palliative patients experiencing escalation of symptoms and where medications for management of these symptoms are otherwise unavailable.

BOARD POLICY REFERENCE:
Executive Limitation (EL-02) Treatment of Clients

POLICY:
The ESMK is available to authorized physicians and palliative care nurses providing palliative care to patients in the community.

The ESMK is for:
- short term use in the home,
- palliative patients experiencing an escalation of symptoms, or where an escalation of symptoms is anticipated, and
- where medications for management of these symptoms are otherwise unavailable.

If it is anticipated that the patient will require ongoing doses of medications, a prescription should be sent to the patient's pharmacy.

PROCEDURE:
1. The Medical Director of Palliative Care will authorize which physicians may access, and authorize the use of, the ESMK.

2. The Regional Director, Seniors/Palliative Care will authorize palliative care nurses to access and use the ESMK following orientation to the kit and required documentation.

3. All of the following requirements must be met before the ESMK is released:
    a. The Medical Director of Palliative Care or designate must authorize the release of the kit.
    b. The patient is registered with the Palliative Care Program.
    c. There is need for urgent symptom control.
    d. The authorized physician or palliative care nurse accessing the ESMK has had previous orientation to the kit and associated documentation.

4. ESMKs will be located at the following hospitals: BoundaryTrails Health Centre, Carman Hospital, Portage District General Hospital, and Bethesda Regional Health Centre.

5. The Regional Director, Seniors/Palliative Care will provide an approved list of individuals authorized to access the kit to the designated pharmacies.

6. To access the ESMK during regular hospital hours (0830-1630h) authorized palliative care nurses and physicians will present directly to the pharmacy to access the kit.

7. Prior to the release of the ESMK the pharmacist will confirm the staff members identity by comparing the list of authorized personnel against photo identification.

8. During the hours the pharmacy is closed the ESMKs will be accessed as follows:

    a. Boundary Trails Health Centre ESMK access will be granted through the Charge Nurse on the Medical Unit.
    b. Portage District General Hospital ESMK access will be granted through the Charge Nurse in the Emergency Room.
    c. Carman Hospital ESMK access will be granted through the Charge Nurse at the hospital.
    d. Bethesda Regional Health Centre ESMK access will be granted through the Triage Nurse in the Emergency Room.
    e. The Charge/Triage Nurse will provide the provide the health care provider requesting the ESMK with the key to the pharmacy to access the ESMK once the health care provider's identity has been confirmed by comparing the list of authorized personnel against photo identification.
    f. A designated staff member will accompany the health care provider requesting access to the ESMK to the pharmacy. The ESMK must be signed out by both individuals and upon exiting the pharmacy the key is returned to the Charge/Triage Nurse.

9. The authorized health care provider removing the ESMK from the pharmacy will complete the Palliative Care Emergency Symptom Management Kit Release and Prescription Authorization Form CLI.5910.PL.002.FORM.02 at the hospital. The signed copy of CLI.5910.PL.002.FORM.02 remains in the pharmacy department for final completion by the pharmacist when the ESMK is returned.

10. The physician authorizing release of the kit and prescribing medication(s) is required to sign the Palliative Care Emergency Symptom Management Kit Release and Prescription Authorization Form CLI.5910.PL.002.FORM.02. Signature(s) may be obtained after the ESMK has been released.

11. The health care provider accessing the kit will ensure that the ESMK is locked with a combination lock and that the security tag is intact before removing the kit from the pharmacy location. If the kit is not locked and/or the security tag is not intact, the hospital pharmacist must be contacted immediately and will complete an immediate audit of the kits contents using the Palliative Care Emergency Symptom Management Kit - Contents List CLI.5910.PL.002.SD.01. If medications are missing and unaccounted for, further investigation must occur. In the event that this occurs when the pharmacy is closed, the pharmacist should be contacted by phone through the switchboard of the hospital or nursing unit (at Carman Hospital).

12. The authorized health care provider will take the ESMK directly to the patient's home, securing the kit in their vehicle in a manner to protect the medications and kit contents from excessive movement and extreme temperatures.

13. While in the patient's home the kit will be locked and may only be accessed by the health care providers authorized to use the kit.

14. Prior to the administration / pre-pouring of any medications from the kit the Palliative Care Emergency Symptom Management Kit Signature Log CLI.5910.PL.002.FORM.01 will be completed and medication orders will be obtained from the physician.

15. The removal of any narcotic or controlled drugs from the kit must be documented on Palliative Care Emergency Symptom Management Kit Narcotics and Controlled Drug Count Form CLI.5910.PL.002.FORM.04.

16. The removal of any other medications (not included in point #16) from the kit must be documented on the Palliative Care Emergency Symptom Management Kit Medication Count Form CLI.5910.PL.002.FORM.03.

17. Medications administered from the ESMK by the health care provider or provided to a family member or patient to administer will be recorded in the appropriate medical record (i.e. Palliative and/or Home Care Chart). The family or patient will not document administration in the medical record.

18. Prior to securing the ESMK for its next use, non-drug supplies shall be restocked from facility supplies by the individual returning the kit and/or their designate.

19. The ESMK, along with all documents, will be returned to the hospital's pharmacy when it is no longer required.

20. The pharmacist will review the kit's medication stock and check expiry dates upon its return and restock as required. The pharmacist will arrange for the physician to sign off a triplicate prescription as required for all narcotics used from the kit.

21. When the pharmacist has completed this work, the pharmacist will secure the ESMK with the combination lock and security tag.

22. The kit will remain locked with the combination lock and security tag and ready for use in the hospital's pharmacy.

SUPPORTING DOCUMENTS:

CLI.5910.PL.002.FORM.01	Palliative Care Emergency Symptom Management Kit Signature Log Form
CLI.5910.PL.002.FORM.02	Palliative Care Emergency Symptom Management Kit Release and Prescription Authorization Form
CLI.5910.PL.002.FORM.03	Palliative Care Emergency Symptom Management Kit Medication Count Sheet Form
CLI.5910.PL.002.FORM.04	Palliative Care Emergency Symptom Management Kit Narcotics and Controlled Drug Count Form
CLI.5910.PL.002.SD.01	Palliative Care Emergency Symptom Management Kit Contents List