

Patient Information:		Diagnosis:	
Patient Name:		Health Card No.:	
Address:		Telephone No.:	
Date of Birth (Y/M/D):		Allergies:	

MRP must be notified when initiated to inform of clinical change and ensure ongoing prescriptions ordered.
The following are orders to be used at nursing discretion, please call with any questions or if you are in need of support.

PRE-DETERMINED SCRIPT – DO NOT MODIFY- if substitution needed send script separately

Symptoms	Medication	Concentration	Description/Instructions	Quantity Mitte
Pain, Dyspnea	<input type="checkbox"/> Morphine	15mg/ml OR	_____mg sc q 1hr PRN	6 vials dispense 3 vials at a time
	<input type="checkbox"/> Hydromorphone	2mg/ml OR	_____mg sc q 1hr PRN	
	<input type="checkbox"/> Hydromorphone	10mg/ml OR	_____mg sc q 1hr PRN	
Agitation/ Delirium	Haldol	5mg/ml	Mild Delirium: 0.5mg – 1 mg sc q 4hr PRN Moderate/Severe Delirium/Agitation: 2 mg sc q1hr PRN to a max of 3 doses for control, then 2mg sc q 4hr PRN for maintenance. If ineffective, use Nozinan. Please notify MRP.	6 amps dispense 3 amps at a time
	Methotrimeprazine	25mg/ml	Moderate/Severe Delirium: 12.5mg sc q 4hr PRN and call MRP	2 amps
	Lorazepam	0.5mg tabs	Haldol to be attempted first for anxiety/agitation. Please notify MRP prior to use. 0.5-1 mg PO q2hr PRN	4 tabs
Dyspnea refractory to narcotics	Midazolam LU Code 495	5mg/ml	For any refractory symptoms: 1-2 mg sc q1hr PRN – and call MRP for further instructions	2 x 1ml vials R:1
	Lorazepam	0.5 mg tabs	0.5-1 mg PO q2hr PRN	N/A
Terminal Secretions	Glycopyrrolate LU Code 481	0.2mg/ml	For terminal secretions at end of life: 0.4 mg sc q4hr PRN	4x 2ml vials
Seizures	Midazolam	5mg/ml	Seizures lasting >1-2mins: 2.5mg-5mg sc q 15mins PRN to a max of 3 doses – and call MRP	N/A
Nausea	Haldol	5mg/ml	0.5 – 1 mg sc q 4hr PRN	N/A
	Olanzapine ODT	5mg	5mg SL od PRN	3 tabs
Fever	Tylenol Suppository	650mg	For temp > 38.5°C 1 supp PR q4hr PRN	2 supps
Constipation	Bisacodyl	10mg	10mg PR od PRN	2 supps

Please indicate if additional supplies are needed by checking the box:

<input type="checkbox"/> Urinary retention	MSCAT147 MSTR51; MSURB101	-	Insert foley PRN (please provide kit) 14 fr will be provided unless otherwise specified_____. *Average size ordered is 14-16fr.	1 Foley/kit & bag
<input type="checkbox"/> Pulmonary edema from Heart failure	Lasix LU Code 481	10mg/ml	20mg sc q 2-4hr PRN for SOB. ***Only indicated for pts with a previous hx of Congestive heart failure and previous use of parenteral Lasix. (pulmonary edema)	2 x 4ml

Prescriber Information:

Physician/Nurse Practitioner Name:		CPSO/CNO No.:	
Physician/Nurse Practitioner Signature:		Date:	
Daytime Phone No.:		After hours/On-Call No.:	

After signing for one opiate & signing RX, fax this form to **MHLHIN 905-855-8989**

Supplies are enough for short-term use (12-24 hours) ONLY. **Please write a prescription with ongoing orders for ANY medication expired or needing refills.**

Pharmacy Service Provider: Bayshore Specialty Rx: Call 1-888-313-6988 for any questions or concerns. Bayshore Fax 1-888-287-8577