Symptom Response Kit (SRK): Frequently Asked Questions

For any additional information please contact **Hospice Waikato: 07 859 1260**

What is a Symptom Response Kit (SRK)?

A Symptom Response Kit is a kit of medications that can be ordered by a doctor or nurse practitioner to be available in a patient's home, to relieve potential symptoms for patients requiring Hospice palliative care services or who are at the end of life stage in their disease management. This kit is solely for the purpose of alleviating unanticipated symptoms, to avoid unnecessary hospital/ED admission or until a regular prescription can be obtained.

Who might require a Symptom Response Kit?

- A patient who has a PPS (Palliative Performance Scale) score of 30% or less
- A patient who may require unanticipated symptom management
- A patient whose disease process is nearing end stage and an end-of-life plan is in place

What are the contents (alongside medications)?

4x Tegaderm™ transparent
1x Micropore™ paper tape
10x alcohol swabs 70%
5x safety needled syringe 25g x 5/8", 1cc
5x safety needled syringe 22g x 1½", 3cc
1x subcutaneous access device (Saf-T-Intima)
5x 5/8" needles
5x 1½" needles
1x needleless access/positive pressure device
1x sharps container

A SRK is contraindicated for clients in the home when:

- The client's death is imminent and specific medications should be ordered for end of life care
- The client is a child whose weight is such that medications and/or dosages require special consideration
- The client is incapable and there is no caregiver in the home who can be responsible for the SRK
- There is evidence of substance abuse by the client and/or family and no effective plan can be implemented to prevent medication misuse

What is the doctor/nurse practitioner accountability?

- The doctor/NP must authorise (order) the SRK as outlined above
- The doctor/NP must complete an Authority for Subcutaneous Administration form before any medications can be administered out of the kit, with a copy available in the client's home

What is the nurse accountability?

The visiting nurse will alert/obtain an order for the SRK from the doctor or NP when a patient is nearing a time when it would be beneficial to have in the home

Important information about the SRK

- Please store the SRK in a cool dry place and out of reach of children
- Ensure that the SRK is always kept in the same place, which is convenient and easy access for the nurse
- When the SRK is no longer needed family/carers must take the SRK to the local pharmacy for disposal

Hospice Waikato Symptom Response Kit

Pharmacy 547: FAX: 07-959-1999 PHONE: 07-839-0795 (Weekdays 0730-1730h and Weekends 0900-1200h)

Prescriber instructions: Choose **ONE** medication from each group below for optimal symptom control. Order medications for a 24-72hr period for the purpose of relieving anticipated or escalating end-of-life symptoms. For further advice, contact the **Hospice Waikato Medical Officer: 07-859-1260**

	Medication	Indication	Concentration	# ampoules or bottles	Dose, Route, Frequency
A	Morphine	Pain and dyspnoea	10mg/mL	5 x 1mL	_ mg subcut q1h prn
	Oxycodone	Pain and dyspnoea	10mg/mL	5 x 1mL	_ mg subcut q1h prn
	Fentanyl (for use in renal failure)	Pain and dyspnoea	100mcg/2mL	10 x 2mL	_mcg subcut q1h prn
B	Haloperidol	Agitation/delirium, nausea/vomiting	5mg/mL	5 x 1mL	_ mg subcut q4h prn
	Levomepromazine (Nozinan)	Agitation/delirium, Nausea/vomiting, (anxiety and dyspnoea	25mg/mL	5 x 1mL	_ mg subcut q4h prn
C	Midazolam	Seizures	15mg/3mL	5 x 3mL	_mg subcut stat, repeat q5min if seizure persists
	Midazolam	Dyspnoea, agitation/delirium	15mg/3mL	5 x 3mL	_ mg subcut/intranasal q1h prn
	Clonazepam drops	Anxiety, seizures	2.5mg/mL 1 drop = 100mcg	1 OP (original pack) = 10mL	2-3 drops sublingual q4h prn
D	Hyoscine butylbromide (Buscopan)	Upper airways secretions	20mg/mL	10 x 1mL	20mg subcut q2-4h prn
	Atropine drops (ophthalmic)	Upper airways secretions	1% solution (10mg/mL)	1 OP (original pack) = 15mL	2-3 drops sublingual q2h prn

Symptom Response Kit Prescriber Dosing Guidelines

A	Morphine	**PAIN or DYSPNOEA** Opioid naïve: 1-2.5mg subcut q1h prn On opioids: subcut dose is half oral dose prn dose is usually one-tenth to one-sixth of total daily dose *ie total daily subcut dose = total daily oral dose ÷ 2* *either given over 24h via continuous subcut infusion, or 6 x q4h divided doses (consider nursing/carer availability/ability to administer)*	
	Oxycodone	**PAIN or DYSPNOEA** Opioid naïve: 1-2.5mg subcut q1h prn NOTE: 1mg oxycodone = 1.5-2mg morphine On opioids: subcut dose is half oral dose prn dose is usually one-tenth to one-sixth of total daily dose *ie total daily subcut dose = total daily oral dose ÷ 2* *either given over 24h via continuous subcut infusion, or 6 x q4h divided doses (consider nursing/carer availability/ability to administer)*	
	Fentanyl (for use in renal failure)	**PAIN or DYSPNOEA** Opioid naïve: 25-50mcg subcut q1h prn *start at lower dose* On current fentanyl transdermal patch: Leave existing patch on prn dose is usually one-tenth of total daily dose If still in pain or on other opioids: contact Hospice MO for dosing/administration advice	
B	Haloperidol	**AGITATION/DELIRIUM** Mild: 0.5-1mg subcut q4h prn Moderate: 1-2mg subcut q4h prn Severe: 2.5mg subcut q4h prn *Note: notify physician if 3x prn doses used within 24hr* *If symptoms not controlled consider switch to another agent eg Nozinan*	**NAUSEA/VOMITING** 0.5-1mg q2-4h prn Consider commencing 1mg over 24hr via continuous subcut infusion (CSCI) *Note: in most cases metoclopramide is still drug of first choice for nausea/vomiting, consider prn or via CSCI*
	Levomepromazine (Nozinan)	**AGITATION/DELIRIUM** Mild: 3.125-6.25mg subcut q4h prn Moderate: 6.25-12.5mg subcut q4h prn Severe: 12.5-25mg subcut q4h prn *Note: notify doctor if 3 x prn doses used within 24hr* *Note: typically more sedating than haloperidol*	**NAUSEA/VOMITING, ANXIETY, DYSPNOEA** 3.125-6.25mg subcut q4h prn *Note: consider giving over 24h via CSCI if using frequent doses or inability to administer frequent prns* *Note: in most cases metoclopramide is still drug of first choice for nausea/vomiting, consider prn or via CSCI*
C	Midazolam	**SEIZURE** 5-10mg stat subcut, repeat every 5-10min to maximum of three doses if seizure persists *Note: notify doctor if 3 doses are used*	**AGITATION/DELIRIUM** 2.5-5mg q1h prn *Note: consider starting at lower 1mg dose if benzo-naïve; may be added to CSCI, consider ability to administer*
	Clonazepam	**SEIZURE** 3-5 drops stat, may repeat after 10min to a maximum of three doses *Note: notify doctor if 3 doses are used, consider changing to another agent eg midazolam*	**AGITATION/DELIRIUM** 2-3 drops q4h prn *Benzodiazepines usually reserved second-line for delirium after antipsychotic*
D	Hyoscine butylbromide (Buscopan)	**UPPER AIRWAYS SECRETIONS** 20mg subcut q2-4h prn, if response may consider adding to continuous subcutaneous infusion 60-80mg/24h	
	Atropine drops	**UPPER AIRWAYS SECRETIONS** 2-3 drops of ophthalmic preparation sublingual q2h prn	