Central West Adult Symptom Management Kit

CCAC & Nursing Provider Information Package

What is the Central West (CW) Symptom Management Kit (SMK)?

The CW SMK is a standardized package of medications and related medical supplies provided to a patient who is approaching end-of-life (EOL) for the purpose of relieving unanticipated or rapidly escalating symptoms. It can be accessed by a prescribing physician, the visiting nurse in the community and authorized by the CW Community Care Access Centre (CCAC).

Why order a SMK?

While it is predictable that patients facing EOL are likely to experience increasing symptoms, sometimes the timing of those symptoms are not is not always predictable. Having an SMK available in the home ensures that the visiting nurse has an evidence based tool kit and instructions to make it possible for the nurse to respond quickly and appropriately to ease a patient’s unanticipated or rapidly escalating symptoms. At this time, SMK is the only available option for emergency symptom management for in-home patients when the patient’s physician is not immediately available.

The SMK is not intended to replace the need for proper clinical assessment leading to well defined care plans that properly identify potential issues. Responsible care planning would include the service providers communicating during the course of the care to ensure that appropriate PRN medications are in place for the patient.

When should the SMK be ordered?

The decision regarding when the SMK should go into the home should be part of the development of the patient’s overall plan of care. The development of the plan
should involve the patient, the patient’s family, the most responsible physician and the community nurse and any other members of the patient’s care team.

Timing of the placement of the SMK requires careful consideration. Placing the SMK in the home prematurely may result in the expiry of the medication. Placing the SMK in the home too late in the patient’s disease process could cause delay in the management of his/her symptoms and may result in a Emergency Room (ER) or hospital admission.

Patients who are identified as End of Life, have a Palliative Performance Scale (PPS) or less, are deteriorating rapidly and/or has a CCAC MIS Service Recipient Code of 95 should have a SMK in place.

**Contraindications to ordering a SMK:**

A SMK is contraindicated for clients at home when:

- the patient’s death is imminent and specific medications should be ordered for end-of-life care;
- the patient is a child/adult whose weight is such that medications and/or dosages require special consideration;
- the patient is incapable and there is no caregiver in the home who can be responsible for the SMK;
- there is evidence of substance abuse by the patient and/or family and no effective plan can be implemented to prevent medication misuse;
- there is evidence that the medications in the SMK could be used in ways other than the intended purpose; and/or
- the security of the SMK cannot be guaranteed in the home.

**Process for Ordering a SMK for the Home:**

1. The Physician, the Community Nurse and/or the CCAC Care Coordinator, in collaboration determines a patient’s need for a SMK based on the PPS, the
patient’s anticipated symptoms and other indications with in the last few months of life.

2. The Physician completes the SMK prescription form (CCAC may need to send a copy of the form and physician guideline) and faxes it to the CCAC. If the physician does not have facilitated access they will need to call in or complete application form for access (see physician guidelines for SMK).

3. The Care Coordinator orders the SMK supplies (IVKIT86) for delivery with SMK medications according to the urgency on the form (“same day” or “next day”). The SMK prescription is faxed to both Calea and the nursing agency. If Calea receives the SMK prescription directly from the physician, they will forward it to the CCAC (noting “copy”) and request a supply order.

4. The Pharmacist from Calea prepares the medications and arranges for delivery with the supplies as indicated.

5. If the medications are ordered from another pharmacy, the Care Coordinator will still order the supplies (IVKIT86) and confirms with Calea that the medications are being delivered by another pharmacy.

6. The medications will be delivered in a separate bag from the kit contents. The nurse will combine these and combines the medications and the kit.

Contents

1. “Tupperware” like storage container
2. Medications
3. Supplies
4. Copy of the prescription

Indications for Accessing the SMK:

• the patient has sudden symptoms that cannot be managed at home by the medications already available for the patient or,
• it is not possible to access the patient’s physician/NP or pharmacy quickly enough to relieve the patient’s symptoms through additional prescriptions, or
• the symptoms are of such intensity, that without the SMK, a visit to the ER is required.

Process for the Administration of the Medications from the SMK:

• When the patient displays symptoms that require use of the medications contained in the SMK, the nurse in the home contacts the physician/NP for discussion. The medications is administered as per the physician’s order and documented. **As the SMK is not replenished, care planning to ensure on-going symptom management is essential as the medications in the kit will only provide coverage for 12-24 hours.** The nurse must contact the physician/NP to discuss adequate on-going prn medications.

• If the nurse is unable to contact the physician/NP when access to the kit is required, the nurse administers the medications, based on the indication provided in the SMK orders for the particular medication. The nurse informs the physician/NP as soon as possible.

• The utilized medications are now part of the treatment plan for the patient and are not returned into the SMK.

• When the kit is no longer needed in the home, the nurse instructs the family on how to dispose of the kit and provides feedback in the discharge report to the CCAC Care Coordinator.

Disposal of the SMK & Unused Medications:

The SMK is for the use of the designated patient only. Contents may not be used by anyone else. Both Legislation (The Pharmacy Act) and the Standards of Practice for Pharmacists require that any medications and/or supplies remaining in the kit, that have been ordered for a patient as part of the SMK must be disposed of to be destroyed after it is no longer required (ie after patient has died). The nurse must count and record in the patient chart any opioids and controlled substance remaining. The nurse instructs the family/caregivers to either return unused medications to their pharmacy or arrange for a **waste pick up** by Calea through the CCAC Care Coordinator.
References

   Symptom Management Guidelines

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