



Connecting you with care
Votre lien aux soins

CCAC CASC
Community Care Access Centre
Centre d'accès aux soins communautaires

Head Office
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Waterloo, ON
N2J 2A9
Tel: 519 883 5500
Toll Free: 1 888 883 3313

Client Name _____
Address _____
City _____ PC _____

Symptom Response Kit (SRK) Evaluation

Goal-To measure effectiveness of the SRK

Please answer each of the following questions.

(circle each answer)

1. Did you use the SRK? Yes No
 If No, please check reason:
 No symptoms necessitating SRK Died at home and SRK not required
 Transfer to emergency with symptoms Unable to access Physician in a timely manner
 Reason for transfer _____
 Other _____

2. Did use of this kit prevent transfer of your client to an emergency department? Yes No

3. What medication (s) did you use? Please check all medication used.

Medication	Effective	Not effective	Medication	Effective	Not effective
Morphine 15mg/ml			Haloperidol		
Hydromorphone 2mg/ml			Nozinan		
Hydromorphone 10mg/ml			Scopolamine		
Lorazepam			Dexamethasone		
Midazolam					

4. Should additional medications be considered to add to the SRK? Yes No
 If Yes please list:

5. Would additional supplies be useful? Yes No
 If Yes please provide recommendations:

6. a) Was the Foley kit utilized? Yes No
 b) Was the mouth spray utilized? Yes No

7. From a nursing perspective:
 Was this kit effective in **YOUR** provision to better client care? Yes No

8. Did the SRK meet client goal? Yes No
 To die at home
 To remain home as long as desired

General Comments _____

Nurse Completing: _____ Date Completed: _____

Nurse Agency: _____

Please fax this form to the attention of WWCCAC at 519 623 5068