Connecting you with care
Votre lien aux soins
CCAC Community Care Access Centre
CASC Centre d'accès aux soins communautaires

Head Office
141 Weber Street South
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		
Hydomorphone 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:
   _____

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