Institution :

Collective prescription number :

Validity period :

Clinical situation or target population

A person receiving end-of-life care. Care is intended solely to maintain comfort by managing symptoms (which corresponds to a D level of care[[1]](#footnote-1)).

Authorized health professionals or other authorized persons concerned by this prescription[[2]](#footnote-2)

* *Health-care facilities that wish to draft collective prescriptions for the initiation of acetaminophen for the treatment of fever for a person receiving palliative care using this template* ***must specify in this section the health professional or group of health professionals*** *who can execute the prescription****.*** *The instruction in italics (*!*) must be deleted of the final version of the prescription.*

Indication

A person presenting signs and symptoms suggestive of fever[[3]](#footnote-3) associated with discomfort.

contraindications to using this prescription

Same contraindications as those listed for the application of the Quebec’s medical protocol, namely:

* Aged less than 18 years.
* Known drug allergy to acetaminophen.

Quebec’s national Medical PROTOCOL

Refer to current Quebec’s medical protocol No. 628019, drafted by the Institut national d’excellence en santé et en services sociaux, on the website when executing this prescription.

Limits or situations where a consultation with an authorized prescriber is mandatory

* Development of a contraindication during treatment.
* If the fever and discomfort persist after administration of two consecutive doses of acetaminophen.

documenting

Complete the community pharmacist liaison form. If need be, consult the template available in the section entitled Medical protocols and related prescriptions on INESSS’s website.

Identification of prescriber who wrote this prescription

Name :

Practice license number :

Name of institution or clinical setting :

Telephone number :

Mailing address :

Signature :

Responding authorized prescriber identification

Name :

Practice license number :

Name of institution or clinical setting :

Telephone number :

Mailing address :

Signature :

Implementation process

1. **Development of current version (identification of the physician or physicians concerned and of the persons responsible, if applicable)**
2. **VALIDATION OF THE CURRENT VERSION (identification of the physician or physicians concerned and of the persons responsible, if applicable)**
3. **APPROVAL OF CURRENT VERSION BY THE REPRESENTATIVE OF THE INSTITUTION’S CPDP**

Last name : First name :

Signature : Date :

1. **APPROVAL OF THE COLLECTIVE PRESCRIPTION BY THE SIGNING PHYSICIANS (NON-INSTITUTIONAL)**

| Last and first name | License number | Signature | Telephone | Fax |
| --- | --- | --- | --- | --- |
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1. **REVIEW**

Effective date :

Date of last review (if applicable) :

Scheduled date of next review :

Signature of responding physician (if applicable) :

Signature : Date :

1. The expression of the values and wishes of a patient in the form of goals of care, resulting from discussion between the patient or his or her representative and the physician concerning the anticipated evolution of health status as well as medically-appropriate care options and their consequences, in order to orient care and guide the choice of diagnostic and therapeutic interventions (INESSS definition). [↑](#footnote-ref-1)
2. The authorized health professional or other authorized person must be sure to have the necessary qualifications to execute the prescription (e.g., training). [↑](#footnote-ref-2)
3. Fever is a common phenomenon in end-of-life care. [↑](#footnote-ref-3)