

**Hospital Staff Only**

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| <p><b>Eligibility for Patients being discharged to <u>HOSPICE</u>:</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> <b>PPS of 30% and trajectory &lt; 1 month</b> (<i>Totally Bed Bound, Unable to do any activity, Extensive disease, Total Care, Intake: Normal or reduced, Conscious Level: full or drowsy +/- Confusion</i>). <b>If expected rapid decline (trajectory &lt; 1 month) and PPS above 30% please contact Home and Community Care to review on a case-by-case basis.</b></li> <li>2. <input type="checkbox"/> <b>LHIN Referral</b></li> <li>3. <input type="checkbox"/> <b>Home and Community Care has determined eligibility for Hospice and bed availability</b></li> <li>4. <input type="checkbox"/> <b>Home and Community Care provides notification to hospital to proceed and provides date of available bed</b></li> <li>5. <input type="checkbox"/> <b>Hospital to fax items (listed in box below) to Home and Community Care and Hospice</b></li> </ol> | <p><b>Eligibility for EOL Patients being discharged <u>HOME</u>:</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> <b>LHIN Referral</b></li> <li>2. <input type="checkbox"/> <b>Hospital to fax items (listed in box below) to Home and Community Care</b></li> </ol> |
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| <b>QHC NURSE to:</b> |   |
|----------------------|---|
| Home/Hospice         | ♦ Teach caregiver to administer subcutaneous injection/awareness of PRN pushing of CADD button Yes <input type="checkbox"/> NA <input type="checkbox"/>                       |
| Home/Hospice         | ♦ Complete End of Life Transfer Communication Tool (Pg. 2) Yes <input type="checkbox"/>   |
| Home/Hospice         | ♦ Confirm transportation; private payment arranged after discharge date & bed availability determined plus all other supporting criteria are met Yes <input type="checkbox"/> |
| Home                 | ♦ Fax prescriptions to pharmacy of choice and family able to obtain (including LTC/Retirement Home) Yes <input type="checkbox"/>  |
| Home                 | ♦ H&CC confirmed the discharging physician has completed a medical handoff Yes <input type="checkbox"/>   |

- Fax to Home and Community Care:**
- ✓ LHIN Referral
  - ✓ Medical Orders (e.g. CADD Pump Order, Sub Q Order)
  - ✓ Hospital Checklist for Patients being Discharged at End of Life
  - ✓ 72 hour Medication Administration Record
  - ✓ Discharge Medication Reconciliation

**\*\* Date of Transport** \_\_\_\_\_

**\*\* Arranged pick up time** \_\_\_\_\_

Name of Discharging Nurse: \_\_\_\_\_ Date: \_\_\_\_\_ (D/M/Y)

**Hospital Checklist for Patients being  
Discharged at End of Life**

*Affix*  
**Patient Label**

**Nurse to Complete**

**End of Life Transfer Communication Tool**

Diagnosis (es): \_\_\_\_\_

Discharging Physician: \_\_\_\_\_ Accepting Physician: \_\_\_\_\_

Primary Care Practitioner: \_\_\_\_\_ PPS \_\_\_\_\_ %

Pharmacy of Choice: \_\_\_\_\_

**Symptom management while in hospital** (See attached 'Common End of Life Symptoms and Medications')

**Have the patient rate the following symptoms on a scale of 1-10.**

**Worst Possible**

|                              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|------------------------------|---|---|---|---|---|---|---|---|---|----|
| No Pain                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No Tiredness                 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No Drowsiness                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No Nausea                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No Lack of Appetite          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No Shortness of Breath       | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No Depression                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No Anxiety                   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Best Wellbeing               | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No Other Problem (ex.Bowels) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intake:  Normal to Reduced  Minimal to Sips  Mouth Care Only

Foley Catheter Insitu:  Yes  No Size: \_\_\_\_\_ Date inserted : \_\_\_\_\_ ( d/m/y) Output today: \_\_\_\_\_ mls

Last Bowel Movement : \_\_\_\_\_ ( d/m/y)

SC Set: #1 Location \_\_\_\_\_ Medication: \_\_\_\_\_ Date Changed : \_\_\_\_\_ (d/m/y)  N/A

SC Set: #2 Location \_\_\_\_\_ Medication: \_\_\_\_\_ Date Changed: \_\_\_\_\_ (d/m/y)  N/A

SC Set: #3 Location \_\_\_\_\_ Medication: \_\_\_\_\_ Date Changed: \_\_\_\_\_ (d/m/y)  N/A

SC Set: #4 Location \_\_\_\_\_ Medication: \_\_\_\_\_ Date Changed: \_\_\_\_\_ (d/m/y)  N/A

## Physician Discharge Plan

### Prior to Discharge to HOSPICE:

- ◆ Contact **Accepting Physician** to arrange to complete hospice specific order set, 24 hours prior to discharge.
- ◆ If CADD order required, complete Home and Community Care CADD order form- preferably 24 hours prior to discharge
- ◆ Contact accepting physician to determine if accepting or discharging physician will order and fax prescriptions.
- ◆ Instruct caregiver to pick up prescriptions @ pharmacy of choice and bring to hospice as soon as possible
- \*Do NOT order Symptom Response Kit\***

### Prior to Discharge HOME:

- ◆ Contact **Primary Care Practitioner** to ensure they will provide palliative care at home, 24 hours prior to discharge.
- ◆ If CADD order required, complete Home and Community Care CADD order form- preferably 24 hours prior to discharge
- ◆ See Attached Medication Guidelines: Common End of Life Symptoms & Medications Covered By Ontario Drug Benefit Program
- ◆ Order appropriate medication for expected/anticipated symptoms at end of life.
- ◆ Primary Care Provider follow-up visit suggested within \_\_\_\_\_ days of discharge.
- \*Do NOT order Symptom Response Kit\***

Discharging Physician \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_

Accepting Physician \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_

| Guideline for Common End of Life Symptoms & Medications |  |                                   |            |
|---|--|-----------------------------------|------------|
| Symptom   | Medication   | Strength/Concentration            | ODB/LUC    |
| Pain/Dyspnea<br><br>Short Acting=SA<br>Long acting=LA   | M-Eslon (LA) (10,15,30,60,100,200mg)                                   | mg Tablet                         | ODB        |
|   | Statex (SA) (5,10,25,30,50mg)  | mg Tablet                         | ODB        |
|   | Morphine (injectable)  | 15mg/ml (parenteral)              | ODB        |
|   | Hydromorphone(SA) (1,2,4,8mg)  | mg Tablet                         | ODB        |
|   | HydromorphContin(LA) (3,4,5,6,9,12,18,24,30mg)                         | mg Capsule                        | ODB        |
|   | Hydromorphone (injectable)   | 2mg/ml (parenteral)               | ODB        |
| Oropharyngeal Secretions                                | Glycopyrrolate   | 0.2mg/ml (parenteral)             | 481        |
| Nausea  | Metoclopramide(Maxeran) (5,10mg)<br>*(NOT with Haloperidol (Haldol)) * | mg Tablet                         | 481        |
| Nausea/<br>Agitation                                    | Haloperidol (Haldol) (0.5,1,2,5,10mg tabs)                             | mg Tablet                         | ODB        |
|   |  | 5mg/ml (parenteral)               | ODB        |
|   | Methotrimeprazine (Nozinan) (2,5,25,50mg tabs)                         | mg Tablet<br>25mg/ml (parenteral) | ODB<br>ODB |
| Persistent Seizures                                     | Midazolam  | 5mg/ml (parenteral)               | 495        |
| Agitation(for Sedation)                                 | Midazolam  | 5mg/ml (parenteral)               | 495        |
| Fever   | Acetaminophen Suppository  | 650mg Suppository                 | ODB        |
|   | Acetaminophen  | 500mg Tablet                      | ODB        |
| Thrush  | Nystatin (48,100ml bottle)   | 100 000 units/ml                  | ODB        |
| Bowel   | Bisacodyl (Dulcolax)Suppository  | 10 mg Suppository                 | ODB        |
| Anxiety   | Lorazepam (not for agitation/ delirium)                                | 1 mg Tablet                       | ODB        |
| Other:  | Dexamethasone  | 4mg/ml (parenteral)               | ODB        |

Management Advice: Queen's Palliative Care Medicine (Mon-Fri 08-17hrs) @ 613-548-2485. After HRS:-613-548-3232 (KGH Switchboard)

**HOSPICE ADMISSIONS DO NOT REQUIRE SYMPTOM RESPONSE KIT**