

Figure: Picture of the Care Plan Checklist

END-OF-LIFE CARE			
Patient Name _____		Medical Record # _____	
Please <u>initial</u> each subject to indicate you have addressed, reviewed, and implemented intervention during your home visit with the patient			
<p><u>BASIC ASSESSMENT NEEDS</u></p> <p>_____ *Review and update Advance Directive and DNR</p> <p>_____ Review Hospice Philosophy</p> <p>_____ Review 4 levels of care. Ascertain preferred place of death</p> <p>_____ Review call system/Triage. How to contact Hospice 24-hours day. Discuss use of 911 versus calls to Hospice</p> <p>_____ *Continue instructions in funeral planning and what to do when patient dies</p> <p>_____ Assess for immediate need for other visits, (i.e., MSW, Chaplain, CHHA, M.D.)</p> <p>_____ *Review signs and symptoms of death and dying</p> <p>_____ Discuss home safety</p> <p>_____ Consider increased frequency of visits for each discipline</p> <p>_____ Communicate Plan of Care to team members including Triage as needed</p> <p><u>MEDICATIONS</u></p> <p>_____ Syringe for sublingual meds</p> <p>_____ Anticipate for congestion; consider Atropine/Levsin</p> <p>_____ Consider Tylenol supp. For fever</p> <p>_____ Instructed on sublingual/rectal administration of meds</p> <p>_____ Red sticker on Kaiser card for pharmacy</p> <p>_____ Discussed medication side effects</p> <p><u>EQUIPMENT NEEDS</u></p> <p>_____ Consider hospital bed, commode, over bed table, wheelchair</p> <p>_____ Anticipate needs for diapers, chux, syringes, toothettes, urinal, bedpan, etc.</p> <p>_____ Educated/evaluated the use of oxygen and safety precautions</p> <p><u>PSYCHOSOCIAL NEEDS</u></p> <p>_____ Assessed for coping mechanism</p> <p>_____ Addressed for possible unfinished issues with family/patient, financial/legal</p> <p>_____ Assessed for increase social worker intervention through visits, telephone calls</p> <p>_____ Assessed for cultural beliefs & values, beliefs about death and dying</p> <p>_____ Assessed for caregiver status</p> <p>_____ Bereavement risk</p>	<p><u>PAIN MANAGEMENT</u></p> <p>_____ Assessed disease process and reviewed pain management</p> <p>_____ Instructed patient/family route of medication (sub-lingual/rectal) - Syringe provided</p> <p>_____ Instructed regarding frequency of meds, adjusting dosage for patients comfort and what meds to use</p> <p>_____ Check for adequate supply of pain meds in the home</p> <p><u>CONSTIPATION</u></p> <p>_____ Instructed/reviewed bowel regimen</p> <p>_____ Checked patient for fecal impaction if indicated</p> <p>_____ Ordered Docolax supp, fleet enema as needed</p> <p><u>URINARY</u></p> <p>_____ Assessed when patient last voided – retention</p> <p>_____ Anticipated for foley catheter need</p> <p><u>SKIN INTEGRITY</u></p> <p>_____ Instructed re: skin care, bed repositioning, changing diapers, safety, lotion to bony prominence</p> <p>_____ Oral hygiene care</p> <p><u>ANXIETY/PRE-TERMINAL AGITATION</u></p> <p>_____ Assessed patient for hallucination-educate family / caregiver as needed</p> <p>_____ Reviewed medication management, consider Xanax, if Xanax not effective, assess for Thorazine</p> <p>_____ Assessed for music therapy</p> <p><u>SPIRITUAL NEEDS</u></p> <p>_____ Addressed spiritual status/needs, may need to contact patients clergy or pastor as requested</p> <p><u>EDUCATIONAL NEEDS/MATERIALS</u></p> <p>_____ Provided patient education materials</p> <p>_____ Reviewed disease pathophysiology</p> <p>_____ Instructed patient/family on self management skills</p> <p>_____ Instructed patient/family about soft music, massage, aromatherapy, candles, pets, etc.</p> <p>_____</p> <p>_____</p> <p>_____</p>		
Signature/Title	Initial/Date	Signature/Title	Initial/

**PALLIATIVE CARE ORDERS
DOCTOR'S ORDER SHEET**

ALLERGY OR SENSITIVITY: No Yes, List Below

DIAGNOSIS:

HERBAL/ALTERNATIVE MEDS: No Yes, List Below

HEIGHT

WEIGHT

lb. / kg

ORDER RECORDED

SPECIAL ORDER COMPLETED

COMPLETED OR DISCONTINUED

DATE	TIME	DOCTOR'S ORDER AND SIGNATURE	DATE	TIME
		1. DNR/DNI		
		2. D/C all previously ordered lab work		
		3. D/C routine vital signs, except check temperature if fever suspected		
		4. Monitor patient for comfort q1h (e.g. pain, dyspnea, delirium)		
		5. Turn and position q2h or as needed for comfort		
		6. Offer oral fluids as tolerated q2h while awake		
		7. Diet as desired and tolerated		
		8. Oxygen 2 liters nasal cannula as needed, titrate to patient comfort (avoid face mask)		
		Medications:		
		9. D/C all previous medication orders.		
		<i>If medication is still indicated or requires tapering before D/C, write on separate order sheet.</i>		
		10. For fever, Acetaminophen 650 mg PO/PR q4h pm T > 101° F		
		11. <input type="checkbox"/> For constant pain, give _____ (suggest MS Contin®) at _____ mg PO BID		
		12. For intermittent pain or shortness of breath (complete both A and B):		
		A. Morphine sulfate _____ mg PO q2h pm (suggest starting at 5 mg)		
		<i>If patient unable to take PO, use IV/SQ dose below</i>		
		B. Morphine sulfate _____ mg IV/SQ q2h pm (suggest starting at 2 mg)		
		13. For anxiety, give Lorazepam 0.5 mg IV/PO q6h pm		
		14. For constipation (suggest if patient receiving opioids):		
		Senna/Docusate (Senokot-S®), give 2 tabs PO qhs		
		15. For nausea/delirium: Haloperidol 1 mg PO/IV q4h pm		
		16. For excessive secretions: Hyoscyamine (Levsin®) 0.125 mg SL q4h pm		
		17. <input type="checkbox"/> Palliative care consultation		

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17. Palliative care consultation