

COMMON PALLIATIVE CARE REFERRAL FORM

Date (DD/MM/YYYY): _____

Referring to:	Fax Referral To:	
Nipissing Serenity Hospice	NE LHIN Fax: 705-474-0080 Phone: 1-800-461-2919	Nipissing Serenity Hospice Fax: 705-995-3351 Phone: 705-995-3377

SECTION A – GENERAL INFORMATION

Name:			
DOB (DD/MM/YYYY):		HCN:	VC:
Address:		Phone:	
City:	Province:	Postal Code:	
Gender:	Marital Status:	Lives Alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify):			
Religious <input type="checkbox"/> Yes <input type="checkbox"/> No		Religion or Spiritual Philosophy:	
Contact Name	Phone:	Relationship:	Address:

Referral Information

Referred by:	Phone:	Relationship to Patient:
Family Physician:	Phone:	

Present location of Patient

<input type="checkbox"/> Home
<input type="checkbox"/> Hospital Unit: _____ Contact name: _____ Phone: _____
Patient of NE Cancer Centre? <input type="checkbox"/> Yes <input type="checkbox"/> No
NE LHIN Care Coordinator: _____ Phone: _____

Level of treatment discussed with patient and family

Has DNRC been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Most Responsible Physician agreeable w/Hospice admission? <input type="checkbox"/> Yes <input type="checkbox"/> No
Most Responsible Physician agreeable to follow Patient in the hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has admission to Hospice been discussed w/Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No

Estimation of Prognosis

Less than: <input type="checkbox"/> 1 month <input type="checkbox"/> 3 months	PPS: %	Patient aware of prognosis? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Family aware of prognosis? <input type="checkbox"/> Yes <input type="checkbox"/> No
** End Stage Diagnosis:		Physician indicating prognosis:

Medications

<input type="checkbox"/> Current List of Medications Attached
Allergies:



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SECTION B- MEDICAL INFORMATION

Current/Relevant Medical/Psychosocial History (including recent course of illness precipitating referral):

Patient Height:	Patient Weight:	Isolation Requirements:	Type of Infection:
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RECENT TREATMENTS

Chemotherapy:

☐ Yes Date of Last Treatment (DD/MM/YYYY):
☐ No

Radiation:

☐ Yes Date of Last Treatment (DD/MM/YYYY):
☐ No

SURGERIES

Date (DD/MM/YYYY):	Procedures:

CLIENT CARE NEEDS

Specialty Care Needs: ☐ Tracheostomy - Size & Brand:

Frequency of Suctioning:

PCA Infusion: ☐ Yes ☐ No

Symptom treated: _____

Oxygen: ☐ Yes ☐ No

Litre flow: _____
☐ Nasal Prongs ☐ Mask ☐ Oximizer

Urinary Catheter: ☐ Yes ☐ No

Gastrostomy Tube: ☐ Yes ☐ No

Purpose: _____

Wound Care: ☐ Yes ☐ No Site: **Dressing Type and Frequency:**

Ostomy: ☐ Yes ☐ No

☐ Colostomy ☐ Ileostomy ☐ Nephrostomy ☐ Right ☐ Left ☐ Bilateral ☐ Ileocolectomy

Appliance Information:

Diet Type:

Special Diet/Swallowing Instructions:

Dysphagia:

CONSENT

A referral to Nipissing Serenity Hospice has been discussed with me and I consent to personal health information being forwarded to Nipissing Serenity Hospice and North East LHIN Home and Community Care.

☐ I am the patient

☐ I am the authorized Substitute Decision Maker

Patient/SDM (Printed Name)

Signature

Date (DD/MM/YYYY)

Witness (Printed Name)

Signature

Date (DD/MM/YYYY)



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PALLIATIVE PERFORMANCE SCALE*

How to use the Palliative Performance Scale (score in 10% increments only –e.g., cannot score 35%). Leftward columns take precedence over other and are stronger determinants of the score: 1) In the columns 2-6 circle what best describes the patient. 2) Scores are determined by reading horizontally at each level to find the “best fit” for the patient. Use your clinical judgement and the leftward precedence to determine the best score for the patient.

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Level of Consciousness
<input type="checkbox"/> 100%	Full	Normal activity No evidence of disease	Full	Normal	Full
<input type="checkbox"/> 90%	Full	Normal activity No evidence of disease	Full	Normal	Full
<input type="checkbox"/> 80%	Full	Normal activity with effort. Some evidence of disease	Full	Normal or Reduced	Full
<input type="checkbox"/> 70%	Reduced	Unable to do normal job/work. Some evidence of disease	Full	Normal or Reduced	Full or Confusion
<input type="checkbox"/> 60%	Reduced	Unable to do hobby/house work. Significant disease	Occasional assistance necessary	Normal or Reduced	Full or Confusion
<input type="checkbox"/> 50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or Reduced	Full or Confusion
<input type="checkbox"/> 40%	Mainly in Bed	As above	Mainly Assistance	Normal or Reduced	Full or Drowsy or Confusion
<input type="checkbox"/> 30%	Totally bed bound	As above	Total care	Reduced	Full or Drowsy or Confusion
<input type="checkbox"/> 20%	As above	As above	Total care	Minimal Sips	Full or Drowsy or Confusion
<input type="checkbox"/> 10%	As above	As above	Total care	Mouth Care Only	Drowsy or Coma
<input type="checkbox"/> 0%	Death				

**PPS adapted and used with permission from Victoria Hospice Society*



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CHECKLIST TO FACILITATE DISCHARGE FROM HOSPITAL TO NIPISSING SERENITY HOSPICE

- ☐ Complete facility transfer form with assigned Care Coordinator from NE LHIN for patient / client needs (i.e., CADD Pump, commode, walker, wheelchair)
- ☐ Copy of Prescriptions obtained from attending physician (Most Responsible Physician) while in hospital
- ☐ Fax all Prescriptions to NE LHIN 705-474-0080 (if not yet discussed with Care Coordinator) and Hospice at 705-995-3351 & send copy with patient to Hospice.
- ☐ If patient has a PCA infusion, complete FAX prescription form and fax to Robinsons Pharmasave at 705-560-6760. *Please note: THE ATTENDING PHYSICIAN (Most Responsible Physician) MUST FILL THIS SHEET OUT AND SIGN IT, AS PCA pump will be changed for CADD pump.*
- ☐ Do Not Resuscitate Confirmation Form (DNRC) completed by hospital nursing staff and sent with client to Hospice
- ☐ Notify family of date and time of transfer to Hospice
- ☐ Call Hospice at 705-995-3377 to notify regarding date, time, and mode of transfer

Notes:

- Hospice has oxygen concentrators, therefore referring hospital does not have to order oxygen
- Hospice will order any necessary dressing supplies from LHIN Home and Community Care
- *If there are any questions regarding transfer, please call the Hospice at 705-995-3377 and request to speak with the Care Coordinator.*

NIPISSING SERENITY HOSPICE – ADMISSION CRITERIA

RESIDENTIAL

Inclusion criteria:

- Must reside or have family who reside in NE LHIN catchment area
- Life expectancy of less than 3 months
- Palliative Performance Scale (PPS) of 30% or less
- Priority will be given to clients in the community who live alone and cannot manage at home
- Must be a client of NE LHIN Home and Community Care and have a valid Ontario Health Card
- Must have a Do Not Resuscitate Certificate (DNRC)
- Aware that Medical Assistance in Dying (MAiD) will not occur at Nipissing Serenity Hospice.

Exclusion criteria include individuals

- Requiring more than 2 persons to transfer / reposition (i.e., bariatric clients, maximum 275 lbs)
- Requiring bipap – to be reviewed on a case by case basis
- Necessitates high-flow oxygen quantity
- Requiring airborne isolation

For more information relating to exclusion criteria, please contact the Hospice Care Coordinator at 705-995-3377.

PEDIATRIC

Admissions are contingent on bed and staff/equipment availability, and at the discretion of Nipissing Serenity Hospice.

Inclusion criteria:

- Life expectancy of 3 months or less
- Palliative Performance Scale (PPS) of 50% or less (to be used as guide)
- Client of the NE LHIN Home and Community Care or eligible for NE LHIN services
- Do Not Resuscitate Certificate (DNRC)
- Residents of Northeastern Ontario
- Valid Ontario Health Insurance Plan
- Treatment plan is at discretion of the Most Responsible Physician (MRP) and may include active treatment (i.e. radiation, chemotherapy)
- Must have a Pediatrician or MRP that is willing to follow client in hospice and must be available for afterhours support and consultation