



**Long Term Care
Palliative Care Transfer Form
for Residents Approaching End-Of-Life**

Please affix patient label below:

This form is designed to summarize goals of care discussions that occurred while at NYGH. The form will also provide suggestions for an approach to symptom management.

I. PATIENT INFORMATION

Resident's Name:		Discharge Date:	
Diagnosis:		Completed By:	
		Date Completed:	

II. GOALS OF CARE DISCUSSIONS

(a) SUMMARY OF DISCUSSION:			
Date of discussion:		Code Status:	
Was the patient able to contribute to the discussion?	<input type="checkbox"/> YES <input type="checkbox"/> NO	POA/SDM Name & Contact Information	
Please explain the reason the patient was unable to contribute.			
Family member(s) present at discussion:			
Comments (incl. spiritual care):			
(b) CARE GOALS: Please check one option for each section:			
Transfer to Acute Care (if condition declines despite treatment in LTC): <input type="checkbox"/> NO TRANSFER to acute care <input type="checkbox"/> Transfer to acute care		In the event of a future infection: <input type="checkbox"/> NO Antibiotics <input type="checkbox"/> Antibiotics given PO ONLY <input type="checkbox"/> Antibiotics given IM if unable to swallow PO <input type="checkbox"/> Antibiotics given IV if unable to swallow PO	
Approach to Treatment: <input type="checkbox"/> Comfort measures ONLY <input type="checkbox"/> Comfort measures AND treatment of inter-current illness		In the event of dehydration: <input type="checkbox"/> Comfort feeding only: <ul style="list-style-type: none"> • Apiration risk (if assessed in hospital): <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Subcutaneous hydration	

Name: _____

III. SUGGESTED SYMPTOM MANAGEMENT CARE PLAN

Note to Long Term Care: The following are suggested medications that can be used for symptom management. The MRP or NP at your LTC home is responsible for ordering medications. Your patient may have a subcutaneous line inserted. The purpose of this line is to allow for medications to be administered without requiring patients to swallow medication.

Please check box to indicate suggested medication and complete dosing information.

Please indicate if medication is standing or PRN. Please use the blank lines to add any additional medications.

Medication	Dose	Route	Frequency and PRN
PAIN			
Opioid dose is titrated as necessary. Breakthrough opioid should be 10% of 24-hour dose and given q1h prn. Opioid given as SC route is calculated as ½ of the PO dose.			
<input type="checkbox"/> Morphine			
<input type="checkbox"/> Hydromorphone			
<input type="checkbox"/>			
SHORTNESS OF BREATH			
Opioids can be used for shortness of breath. Dosing is the same as for pain. Benzodiazepines can be an adjuvant for dyspnea. Furosemide can be considered if dyspnea is secondary to volume overload.			
<input type="checkbox"/> Morphine			
<input type="checkbox"/> Hydromorphone			
<input type="checkbox"/> Lorazepam			
<input type="checkbox"/> Furosemide			
<input type="checkbox"/> Midazolam			
<input type="checkbox"/>			
Comments:			
NAUSEA AND VOMITING			
Nausea/vomiting can be multifactorial. Determine the etiology and correct reversible factors.			
<input type="checkbox"/> Haloperidol (Max 10mg/24hr)			
<input type="checkbox"/> Metoclopramide			
<input type="checkbox"/> Methotrimeprazine (more sedating antipsychotic)			
<input type="checkbox"/> Dimenhydrinate			
<input type="checkbox"/>			
SEIZURES			
<input type="checkbox"/> Lorazepam	1mg	SL/SC/PO	q15min PRN
<input type="checkbox"/> Midazolam	1-2mg	SC	q15min PRN
<input type="checkbox"/> *Phenobarbital (titrated to 5mg/kg) (*Palliative Care Facilitated Access)	1 mg/kg	SC	Given in 2 divided doses
<input type="checkbox"/>			

Medication	Dose	Route	Frequency and PRN
AGITATION			
Antipsychotics are first choice for agitation at the end of life.			
<input type="checkbox"/> Haloperidol (Max 10mg/24hr)			
<input type="checkbox"/> Methotrimeprazine (more sedating antipsychotic and may be more appropriate near the end-of-life)			
<input type="checkbox"/> Lorazepam			
<input type="checkbox"/> Midazolam			
<input type="checkbox"/>			
Comments:			
CONGESTION			
<input type="checkbox"/> Atropine drops	3-6 drops	SL/Buccal	q4h PRN
<input type="checkbox"/> Glycopyrrolate	0.4 mg	SC	q4h PRN
<input type="checkbox"/> Scopolamine	0.4 mg	SC	q4h PRN
<input type="checkbox"/> Furosemide (max 20mg SC per injection site. 20mg SC=40mg PO)			
<input type="checkbox"/>			
MOUTH CARE			
<input checked="" type="checkbox"/>	Mouth care is essential at the end of life. Dry mouth is secondary to mouth breathing and NOT to thirst. It is important to keep mouth moist.		
<input checked="" type="checkbox"/>	Mix 1 tsp baking soda in 1 glass of water and use mixture to cleanse mouth, tongue, and palate. Alternatively, Biotene gel q4h + prn is recommended.		
HYDRATION			
<input checked="" type="checkbox"/>	Hydration at end of life is <i>not recommended</i> . Hydration can cause symptoms including congestion, dyspnea, and peripheral edema.		
COMMENTS RELATED TO MEDICATIONS:			

Name:

IV. CONTACT INFORMATION

For more information related to this patient, or if there are any questions, please ask the Most Responsible Physician or Nurse Practitioner to contact:

Person Completing Form:	
Contact Information:	NYGH Locating at 416-756-6002

For any questions related to this patient AFTER HOURS, or to reach the ON-CALL Palliative Care Physician, please ask the Most Responsible Physician or Nurse Practitioner to call:

NYGH After Hours & On-Call Service:	NYGH Locating at 416-756-6002
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Palliative Care Exceptional Access Mediations

There are a number of medications used for comfort measures at end-of-life that are only available via the Palliative Care exceptional access plan.

The list of medications accessible through the exceptional access plan changes and, therefore, will not be listed in this document.

For access to these medications:

http://www.health.gov.on.ca/en/pro/programs/drugs/eap_trs.aspx#1
http://www.health.gov.on.ca/en/pro/programs/drugs/formulary42/edition_42.pdf
1-800-268-7215 (3265)

For questions or feedback related to the form, please email Daphna Grossman at Daphna.Grossman@nygh.on.ca.