

CLIENT NAME	
ADDRESS	PHONE #
DATE ADMITTED TO PALLIATIVE CARE PROGRAM	DIAGNOSIS
SYMPTOMS PROMPTING USE OF THE AMBULATORY SUBCUTANEOUS INFUSION	
PATIENT'S CLINICAL DESCRIPTION	
EDMONTON SYSTEM ASSESSMENT SYSTEM (ESAS) SCORE PRE-INITIATION:	
OPTIONS ATTEMPTED (Which medications, routes, schedules, other treatments)	
DECISION MAKERS (MD, nurses, family) Indicate who was involved and how, in decision-making.	
PATIENT OUTCOMES (Be specific, i.e. identify goals that are specific, measurable , attainable, realistic, and timely)	
ESAS ONE DAY POST-IMPLEMENTATION:	
ESAS SCORES ONGOING:	
RESOURCES REQUIRED (Role and time required from each at all stages of care)	
CAREGIVER STRESS ASSESSMENT PRE- AND POST-IMPLEMENTATION:	
DATE PUMP D/C	REASON FOR DISCONTINUATION

DATE OF DEATH: _____ **LOCATION OF DEATH:** _____