

## **Ambulatory Subcutaneous Infusion Pump Client Statistical Information Form**

CLIENT NAME				
ADDRESS			DUONE #	
ADDRESS			PHONE #	
DATE ADMITTED TO PALLIATIVE CARE F	PROGRAM	DIAGNOSIS		
SYMPTOMS PROMPTING USE OF THE AMBULATORY SUBCUTANEOUS INFUSION				
STIMP TOWS PROMPTING USE OF THE AMBULATORY SUBCOTANEOUS IN USION				
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.				
DATIFALT OUTCOMES (De consider le identife contente de consider consecuente de contente de contente de discont				
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 DISCONTINUA	ATION		

DATE OF DEATH:\_\_\_\_\_ LOCATION OF DEATH:\_\_\_\_\_