

Discharge Planning Checklist for Patients Receiving Palliative Care

- Notify the Palliative Care nurse in your area regarding pending hospital discharges.**

Documents required for a Palliative Care patient discharge:

Referral to the Palliative Care Program (CLI.5910.PL.001.FORM. 01)

- Call the Palliative Care Coordinator @ 204-392-3115 to confirm the patient is registered with the program if unsure.
- For new referral, fill in all areas on the referral, including **geographic** address of the patient.
- Fax referral to 204-388-2049.

Referral to Palliative Care Drug Access Program (PCDAP) (CLI.5910.PL.001.FORM.01)

- Requires a physician's signature.
- Requires the patient's signature (or their legal representative if unable to sign).
- Requires the signature of a palliative care nurse once signed by Primary Care Provider and patient.
- Fax form to 204-388-2049. Request as 'urgent' if PCDAP required prior to discharge in order to cover cost of discharge prescriptions.
- Provide prescriptions. If patient will be receiving injectable medications, please insert subcutaneous line(s) and provide necessary doses of pre-drawn medication until the next scheduled nurse visit in the community.

Referral to Manitoba Home Oxygen Concentrator Program (HOCP) (CLI.5411.PL.006)

- If oxygen is needed, a prescription is required. Complete the top section on page 2 of the Manitoba Home Care Oxygen Concentrator Program – Medical Assessment/Referral Form (CLI.5411.PL.006.FORM.01). A separate written prescription is also acceptable.
- Palliative Care nurse's signature is required to confirm patient's registration on the Palliative Care Program.
- Prior to discharging the patient, oxygen should be in the home. The oxygen company will provide a portable tank to family for patient's transportation home.

Notification of Anticipated Death at Home Form (CLI.5910.PL.005.FORM.01)

Completion is strongly encouraged if death is likely to occur within the next few weeks

- Patient must have a Do Not Resuscitate in place.
- Requires a physician's signature (not necessarily the Palliative Care Physician).
- Requires the identification of a Funeral Home.
- Must be faxed to all identified places on the form as well as the Palliative program office 204-388-2049.
- Provide a copy to the patient/family.

Referral to Home Care and Intake Process (CLI.5410.PL.003.FORM.01)

- If Home Care services are required, complete a Home Care Referral and Intake Process form. The patient may need to stay in hospital until services are ready.