

EXPECTED DEATH IN THE HOME (E.D.I.T.H)

SECTION 1

CONSENT & PHYSICIAN/NP CONTACT INFORMATION

I, _____, have discussed and understand my health status and prognosis with my physician/NP,
Patient's name - Print _____.

I request to have comfort (palliative) measures only, including interventions or therapies
Physician/NP name - Print _____ considered necessary to provide comfort and alleviate pain. _____ has been appointed as the
Print - Name & Relationship (POA, SDM) substitute decision-maker in the event the above named patient is incapable of making, or understanding their own health care decisions.

Patient's signature	Date (DD/MM/YY)	Substitute Decision-Maker signature	Date (DD/MM/YY)
Responsible Physician/NP Name	Tel # (contact to advise of death)	Fax #	Cell #
Alternate Physician/Group	Tel # (contact to advise of death)	Fax #	Cell #
Nurse who obtained verbal MD/NP agreement	Signature & Date	Agency	Telephone

SECTION 2

DO NOT RESUSCITATE ORDER

DNR Form completed and in home Family aware to call nursing agency at time of death (not 911)

SECTION 3

FUNERAL HOME INFORMATION

Funeral Home	Address	Contact Person - Print
Telephone#	Fax#	

SECTION 4

DISTRIBUTION OF E.D.I.T.H. FORM

Fax completed form to all three parties below:

Funeral Home Ontario Health atHome Toronto Office (416-217-3826) Physician/NP

A completed copy must be left in the home.

SECTION 5

PRONOUNCEMENT INFORMATION

Death Pronounced at home on _____ at _____
Date (DD/MM/YY) _____ Time _____

by _____
Nurse's name (Surname, First) - Print Signature Agency

Dr. _____ notified at _____
Doctor's/NP's name (Surname, First) - Print Signature Date (DD/MM/YY & time)

Death Certificate to be picked up at _____
Specify Location _____

_____, from _____ Funeral Home _____ contacted on _____
Name of individual Date (DD/MM/YY & time)

After death has been pronounced, this form enables funeral home to remove the deceased prior to signing of the Medical Certificate of Death. The Nurse will notify the Attending Physician/NP. The Attending Physician/NP or their alternate will complete the Medical Certificate of Death and have it available for the Funeral Home within 24 hours.

EXPECTED DEATH IN THE HOME (E.D.I.T.H) PROTOCOL

The first 4 sections of the Expected Death at Home form must be completed prior to patient's death to institute the E.D.I.T.H. protocol. Contact your Ontario Health atHome Care Coordinator to discuss initiating E.D.I.T.H.

- Form to be completed by Ontario Health atHome Care Coordinator and/or Nurse.
- Nursing services must be in place and Nursing Agency/Service Provider Organization must be aware of request and agree to support pronouncement and E.D.I.T.H. protocol.

Section 1:

Responsible physician/Nurse Practitioner (NP) must be aware that by participating in the planned death at home protocol, they are agreeing to the following:

- To provide and complete the death certificate and make the completed certificate available to the funeral home within 24 hours of death.
- To ensure covering/alternate physician, if utilized, is aware of above expectations.

Do not place physician/NP contact information in section 1 prior to physician/NP agreeing to above conditions.

Section 2:

- DNR must be in place to institute the E.D.I.T.H. protocol.

Section 3:

- Funeral home must be made aware and agree to participation in this protocol.

Section 4:

- When sections 1-3 are completed, nurse to fax a copy to funeral home, Ontario Health atHome and physician/NP.
- A completed copy must be left in the home.

Section 5:

Nurse to complete this section in patient's home *at time of death*.

- Nurse calls Physician/NP and Ontario Health atHome to inform of patient's death.
- Nurse to assist family as needed in notifying funeral home.

NOTE: FOR SAFETY REASONS, IF THE PATIENT DIES BETWEEN 11PM AND 6AM THE NURSE WILL GO TO THE HOME AND PRONOUNCE THE NEXT MORNING. PLEASE ENSURE THE FAMILY IS AWARE.