Ontario Health atHome

☐ Chatham Site	☐ Sarnia Site	☐ Windsor Site
Tel: 519 351-5677	Tel: 519 337-1000	Tel: 519 258-8211
Fax: 519-351-5842	Fax: 519-337-4331	Fax: 519-258-6288

Palliative Care Consultation Report

Please Fax Hospice applications and eShift PCCRs as these are considered Urgent

☐ PCCT Extra Visit Report ☐ Palliative Care Clinic ☐ Patient Transfer ☐ Hospice Application ☐ Rounds

☐ PCCT NP Visit ☐ Nursing Interim Report ☐ eShift

Patient Name: _____ DOB (dd/m/m/yyyy): _____

Primary Dx: _____ Secondary Dx: _____

Allergies: _____ MRP: _____

Caseload: _____ SP/Agency: _____ Freq of Visit: _____

SITUATION:

PPS: _____ HPP Completed: ☐ Yes ☐ No SRK in Place: ☐ Yes ☐ No DNR-C Completed: ☐ Yes ☐ No

If EOL, Patient Prefers to Die At: ☐ Home ☐ Palliative Unit ☐ Hospice ☐ Unsure

ESAS: (1-10) Pain: _____ Tired: _____ Nausea: _____ Depression: _____ Anxiety: _____ Drowsiness: _____

Appetite: _____ Wellbeing: _____ Breathlessness: _____ Bowels: _____ Other: _____

ESAS Scored By: _____

Home Environment: _____

Spiritual/Volunteer/Family Support: _____

Coping: _____

Cognitive Status: _____

O2sat: _____ ☐ O2 In Home: _____ litres Vendor: _____ Wt: _____ Vitals: _____

BACKGROUND:

Patient Issues: _____

ASSESSMENT:

Main ESAS Concern: _____

RECOMMENDATION:

Next Steps: _____

Medications (Include Dose & Frequency) Pharmacy: _____

1)	_____	7)	_____
2)	_____	8)	_____
3)	_____	9)	_____
4)	_____	10)	_____
5)	_____	11)	_____
6)	_____	12)	_____

☐ Additional Documents Attached

Verbal Report Given for PCCT Rounds By: _____ (Print Name) _____ (Date (dd/mm/yyyy))

_____ (Signature) _____ (Print Name / Designation / Title) _____ (Date (dd/mm/yyyy))