

Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B:   /   /     MALE  FEMALE

WARD:..... CONS:.....

## WARD TO HOME / HOSPICE TRANSFER CHECKLIST AT END OF LIFE

Date of discharge: \_\_\_\_\_

Discharge destination (circle) home   care home   hospice   other: \_\_\_\_\_

Guidance for all of this information can be found at  
<http://www.wkp.nhs.uk/carepathways/end-of-life-discharge/>

<b>Ambulance:</b>	<b>Comments, Sign and Date</b>
<ul style="list-style-type: none"> <li>• Request direct transfer only</li> <li>• Pt to arrive at hospice by ..... hrs</li> <li>• Advise Ambulance Control DNACPR status, and if syringe driver in situ.</li> <li>• If discharge is fast track or OOH, print, complete and fax OOH/WMAS communication form using above link</li> </ul>	<p>*If patient transfer to St Richards Hospice or Primrose Unit - hospital notes to go with patient</p>
<p><b>DNACPR:</b></p> <ul style="list-style-type: none"> <li>• Signed, and to go with patient</li> <li>• Ensure family are aware of decision</li> <li>• MUST be reviewed by medical team within 48 hours of discharge to remain valid</li> </ul>	
<p><b>Medication:</b></p> <ul style="list-style-type: none"> <li>• Community Prescription for administration of SC drugs via McKinley T34 and as required bolus drugs - completed and TTO's dispensed</li> <li>• If syringe driver in situ, replenish before discharge and not barcode of driver for tracking</li> </ul>	<p><b>Barcode Number.....</b></p>
<p><b>Inform community / primary care of discharge:</b></p> <ul style="list-style-type: none"> <li>• GP/DN - EDS completed (recovery uncertain)</li> <li>• Is there a package of care in place?</li> <li>• Is equipment in place?</li> <li>• Have air products been delivered?</li> </ul>	

Any questions or concerns contact the Palliative Care Team on xtn 42085 (Alex) or xtn 33949 (WRH) or End of Life Team: bleep 0219 (Alex) or bleep 494 (WRH)

See overleaf for EDS completion prompts for Junior Doctors

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Prompts for Junior Doctors

Information required for the completion of the EDS Recovery Uncertain

<b>Prompt</b>	<b>Information Required</b>
• Diagnosis	Select days / weeks / months
• Estimated Prognosis	What has patient been diagnosed with that would lead to this prognosis
• Family / significant others understanding of condition and prognosis	What information has been given
• Patient understanding of condition and prognosis	What information has been given
• Outline Management in hospital	What treatment has been given & why
• Recommendations for Community	What do we want the GP to do i.e. supportive care & symptom control
• Specific circumstances where re-admission would be appropriate	Should the patient be readmitted for this pathology
• Advance Care Plan	What plans have been made for the future
• Preferred Place of Care	Where does the patient want to be cared for now and in the future
• Advance Decision to Refuse Treatment	Has the patient refused any intervention i.e. NIV
• Out of Hour Form Sent	Has this been completed and faxed to the GP by the nursing staff
• Funding for Care Agreed with	Have the nursing staff organised a POC and how has this been funded