Checklist – Admission or readmission to Community Palliative Care service   
for a death at home

This document is a **community palliative care services admission checklist** for hospital patients who express the wish to die in their home or residential aged care facility (if their primary residence). This includes patients who are imminently dying (expected in 24–72 hours) or those, with a longer prognosis, being discharged home with a plan not to be readmitted to hospital as their health declines.

The checklist helps you to prepare a patient to die at home, which will vary between patients and situations. The list prompts you to consider steps involved, but should not be a barrier to admission.

|  |  |  |  |
| --- | --- | --- | --- |
| **ADMISSION** | | | |
| **Record number** |  | **Date (XX/XX/XXXX)** |  |
| **First name** |  | **Last name** |  |
| **Date of birth** |  | **Age** |  |
| **Address** |  | | |
| **Phone** |  | | |
| **Or affix patient label** |  | | |

Please file copy in the patient’s health record and send a copy home with the patient.

**Section 1 General considerations**

|  | **Y / N / NA / U**  **(yes, no, not applicable, unknown)** | **Initial** | **Date** |
| --- | --- | --- | --- |
| Is the patient expected to die within 24 to 72 hours? |  |  |  |
| Does family/carer support patient’s decision, and are able to provide care for the person dying at home with support of community agencies and General Practitioner (GP)? |  |  |  |
| Copy of goals of care, discharge summary or letter given to patient/carer? |  |  |  |
| Patient seen by a consultancy palliative care inpatient service prior to discharge? |  |  |  |
| Funeral planning discussed? |  |  |  |
| Is there a need for expedited death certification (e.g. cultural reasons)? |  |  |  |
| Transport service/ambulance aware of potential for death en route (if death imminent) and, if this occurs, arrangements communicated to GP, family and community service? |  |  |  |
| If there is an implanted cardioverter defibrillator (ICD) in place has deactivation (to avoid ICD shock) occurred? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **GP handover:** | **Y / N / NA / U** | **Initial** | **Date** |
| Patient has a post-discharge visit with GP? |  |  |  |
| GP aware of discharge and received expedited discharge summary or written communication? |  |  |  |
| GP agrees to providing end-of-life care (including ongoing scripts and completing Medical Certificate Cause of Death (MCCD))? |  |  |  |
| GP has plans in place for out-of-hours provision of end-of-life care and death certification? |  |  |  |
| If no GP, has alternative GP / medical practitioner been identified to be responsible for care, complete MCCD, and consult with the patient (including telehealth)? |  |  |  |
| If no GP, and imminently dying, does patient need in-person or virtual contact with palliative care service specialist? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Community Palliative Care Service handover:** | **Y / N / NA / U** | **Initial** | **Date** |
| Formal referral to community palliative care received (or update provided if existing client), with expedited discharge summary or written communication, including plan to die at home? |  |  |  |
| Has a date been set for community palliative care service admission and initial visit? |  |  |  |
| Has care and support been organised for the period before initial visit from community palliative care service (this may include care providers and family)? i.e. Provided with community service or VPCAS# contact details for advice |  |  |  |
| Medical roles/responsibilities identified in palliative care plan (including who signing MCCD)? |  |  |  |

**Section 2 Medication**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y / N / NA** | **Initial** | **Date** |
| Medication orders for anticipatory medications or syringe drivers provided to community service, and hard copy provided to family? |  |  |  |
| Medications dispensed to family/carer before discharge (5 days of supply) along with scripts and medication list from hospital? |  |  |  |
| Continuous SubCutaneous Infusion (CSCI) or Surefuser in place? |  |  |  |

**Section 3 Equipment/medical supplies**

|  |  |  |
| --- | --- | --- |
|  | **Y / N / NA** | **Comments** |
| Allied Health consultation on equipment needs undertaken? |  |  |
| Has equipment been supplied/organised (including hospital bed, air mattress, oxygen, Nikki pump (CSCI), mouth swabs, needles, syringes, sharps bin, continence aids)? |  |  |

**Section 4 Carer preparation**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y / N / NA** | **Initial** | **Date** |
| Palliative care plan communicated clearly to carers, and education provided on medications, including administration for the imminently dying patient? |  |  |  |
| Symptom identification and management information provided? |  |  |  |
| Transport – Non-emergency patient transport/ambulance booked? Transfer day/time confirmed with carers? |  |  |  |
| Family/carer informed about process to be put in place at time of death (including if death occurs in transit)? |  |  |  |
| Has the family care been provided with bereavement support information (e.g. <https://www.flipsnack.com/palcarevic/ldgw-2018-edition-ebook/full-view.html>)? |  |  |  |

**Section 5 Clinical handover**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | |  | **Y / N / NA** | **Initial** | **Date** | | Medical handover – confirm verbal handover given to GP from acute health service to confirm discharge for end-of-life care, and/or discharge summary or written communication provided to GP?  If not, has admitting palliative care service made verbal contact with GP / practice manager, and dissemination of information from acute health service been facilitated? |  |  |  | | Nursing handover – verbal and or written handover received by treating community team intake nurse? |  |  |  | | Transport service/ambulance aware of potential for death enroute and, if this occurs, arrangements communicated to GP, family and community service? |  |  |  | |

**Section 6 Contacts: Health team member contacted and outcomes**

*Indicate name of person designated to complete MCCD in notes column below*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Outcome/notes** | **Initial** |
| GP |  |  |  |
| Community Palliative Care Service |  |  |  |
| Residential aged-care facility (Manager/RN) |  |  |  |
| Pharmacist |  |  |  |
| Funeral Director |  |  |  |
| Other |  |  |  |

^Adapted with permission from: Rapid discharge guidance for patients who wish to die at home. October 2020. Gippsland Region Palliative Care Consortium Clinical Practice Group. Available at: <https://www.grpcc.com.au/health-professionals/resources/end-of-life-care>

#Victorian Palliative Care Advice Service (VPCAS) contactable on 1800 360 000, 7am–10pm,   
7 days a week.

**Other helpful resources**

* Client’s local palliative care service (<https://www.pallcarevic.asn.au/page/91/useful-websites>)
* Anticipatory medicines guidance (<https://www.safercare.vic.gov.au/clinical-guidance/palliative/anticipatory-medicines>)
* Caring at Home project (<https://www.caringathomeproject.com.au/>)