

COVID-19 DISCHARGE CHECKLIST FOR END OF LIFE AT HOME



Form ID: NUXX107348B

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Page 1 of 1

Patient meets all of the criteria:

- Patient is COVID positive or presumed positive and the goal is to die at home
- Patient is showing signs of decline with no reversibility
- Patient/family MUST have an updated discussion around short prognosis, possibility of sudden respiratory crisis at end of life and risk of infection at home - confirm that family is able to provide end of life care
- Patient MUST have an updated MOST (typically DNR M1/M2)
- Patient must have confirmed Home Health involvement
- Palliative Benefits (Plan P) submitted. **Patient will pay for the medications before Plan P approval**

DOCUMENTATION	
<input type="checkbox"/> BC Palliative Care Benefits Registration Form (Plan P) submitted (fax 250-405-3587) <ul style="list-style-type: none"> • https://www2.gov.bc.ca/assets/gov/health/forms/349fil.pdf Family will be responsible for cost of medications if Plan P not approved	
<input type="checkbox"/> MOST (DNR M1/M2) <ul style="list-style-type: none"> • https://www.fraserhealth.ca/employees/clinical-resources/advance-care-planning/serious-illness#.XoOwN7rwuU 	
<input type="checkbox"/> Notice of Expected Death in the Home Form <ul style="list-style-type: none"> • https://www2.gov.bc.ca/assets/gov/health/forms/3987fil.pdf 	
REFERRALS PRIOR TO DISCHARGE	MEDICATIONS TASKS
<input type="checkbox"/> Home Health Liaison <ul style="list-style-type: none"> • For home health supports in the community <input type="checkbox"/> Physical Therapy / Occupational Therapy <ul style="list-style-type: none"> • For mobility assessment and equipment needs <input type="checkbox"/> Respiratory Therapy <ul style="list-style-type: none"> • For home O₂ if required • https://www.fraserhealth.ca/health-topics-a-to-z/home-oxygen-program#.XoO2A7rwuUk 	<input type="checkbox"/> Consider prescribing palliative care COVID-19 kit and using the order set (DRDO107347) <input type="checkbox"/> Discontinue non-essential medications and <input type="checkbox"/> Fax discharge medications prescriptions early and confirm with pharmacy that it is available for pick-up <input type="checkbox"/> Teach family to administer subcutaneous medications
PATIENT'S CARE PLAN	
<input type="checkbox"/> Provide family with a copy of all listed documents <input type="checkbox"/> Send a copy of all documentation to Home Health Office <input type="checkbox"/> Provide family with "Supporting a Loved One When Death Is Near" <ul style="list-style-type: none"> • https://patienteduc.fraserhealth.ca/file/supporting-a-loved-one-when-death-is-near-77265.pdf <input type="checkbox"/> Provide family with "How to Give Yourself a Subcutaneous Injection" <ul style="list-style-type: none"> • http://www.bcchildrens.ca/rheumatology-site/Documents/HowToGiveYourselfASubcutaneousInjection.pdf 	

Additional Resources:

- Fraser Health Palliative Care Resources:
- http://fhpulse/clinical_programs/palliative_care/resources/education/Pages/PatientEducation.aspx