



Date developed:

Name:

Address:

DOB:

PHIN:

MHSC:

Treaty Number:

Substitute Decision Maker / Proxy:

Allergy:

Diagnosis:

History:

Overall Approach to Care: (Include info re: comfort focused approach, Advance Care Plan / Health Care Directive, awareness of life expectancy, whether or not pt/family/community would consider transfer out of community or if goal is to remain at home)

CARE PLAN

Medications at time of transfer:

a) Scheduled Medications:

b) As Needed Medications:

(using generic name with trade name in brackets)

Possible Symptoms and Suggested Care:

Possible symptoms that **may** be experienced and the way to manage them are listed in the chart below.

| SYMPTOMS | MEDICATIONS TO HELP | OTHER WAYS TO HELP |
|--|--|---|
| <p>Pain or Shortness of Breath</p> | <p>Scheduled pain reliever:</p> <p>Extra pain reliever as needed:</p> <p>Comments:</p> <p>Pain medications are used to relieve pain, improve comfort and/or decrease feelings of shortness of breath.</p> <p>** If more than three or four extra doses are needed in a day, call your nurse or doctor for advice (dose may need adjusting)</p> | <p>Other helpful ways to relieve pain:</p> <ul style="list-style-type: none"> - changing positions or moving / turning the person - using hot or cold packs for short periods as tolerated (not to be used over medication patch) - help the person to think about something else (meditation / prayer, telling a story, watching television) - pain medications can slow the bowels and laxatives are often needed to go to the bathroom regularly <p>Other helpful ways to relieve shortness of breath:</p> <ul style="list-style-type: none"> -raise the head of bed -open window or have a fan to increase air movement -cool cloth on forehead -stay with person – calm soothing voice to help them relax or perhaps help them to think about something else |
| <p>Pain or Shortness of Breath caused by activity</p> | | <p>Plan ahead when preparing to move – give pain medication 30 minutes prior to activity so that the medication has time to start working. It will lessen pain or shortness of breath during the activity.</p> <p>Offer help with moving</p> <p>Pace yourself – take rest as needed</p> |

| | | |
|--|--|---|
| | | Use equipment to make movement easier (walker for walking, raised toilet seat) shorten distances (commode at the bedside) |
| Feeling nervous or worried (which can be made worse by pain or shortness of breath) | | Other helpful ways to relieve nervousness: - practice ways to relax (focusing on controlled breathing, meditation, prayer, thinking about something else, music) - talk about what is worrying the person and ask for help if more support is needed - stay with the person to calm him / her - turning / changing position |
| Confusion (strange thoughts and fears) | | Other ways to help confusion and restlessness: - comforting, familiar surroundings - clock and / or calendar to keep track of time - soothing, gentle voice - if the person is confused, they may say or do things that feel hurtful – remember, this is the disease and not in the person’s control – acknowledge their fears and use medications to help them feel more calm. |
| Taking care of bowels | | Medications and illness can cause the bowels to move slowly making the stool hard and difficult to pass Bowel medications can help to keep them moving more regularly (a person should have a bowel movement at least every three days) |
| Feelings of Nausea or vomiting (upset stomach / throwing up) | | Other ways to help with upset stomach: - have the person “listen to their body” and eat or drink only what they want - bland foods like rice, bread, and crackers are sometimes |

| | | |
|--|--|--|
| | | easier to take - try many small meals rather than big meals - if sudden vomiting or severe belly pain and not able to pass gas or stool, call your nurse. |
| Noisy bubbling breathing when too weak to cough | | As a person gets weaker it is more difficult for them to clear phlegm. Often they are not aware of this noisy breathing (like snoring) but it can be hard for family to hear. Repositioning can also help. |

Care at Home:

Include the following information:

Schedule for nursing assessments at home

Schedule for health care aid personal care / respite care

Schedule for family to be with patient (including specific info re: who, when, things they may be expected to do while caring for the patient – i.e. medication administration, personal care)

Specific information about equipment required (walker, oxygen, hospital bed, etc)

Information about dressing changes, central line care, etc (frequency of care, supplies required, who will provide / re-order supplies as needed)

Information re: medication safety (who will order medications, through what pharmacy, how will meds be dispensed, is nursing prep needed – i.e. drawing medication in syringes, who will administer, how will we keep track of medications given, how will medications be stored)

Any special care needs (sharing of personal health information, safety plans etc)

Limitations / considerations re: care that can be provided in the home:

Health Care Team Contact Information:

Nursing Station / Health Center info

Home and Community Care team info

Primary physician (prescriber) involved in care

Pharmacy

Other providers (oncologist, nephrologist, etc)

Regional Palliative Care Coordinator resource

WRHA Palliative Care Consult Service:

A palliative care physician is available through St. Boniface Hospital paging: (204)237-2053 to provide advice and support to the primary care team 24hr/day, 7 days per week.

Canadian Virtual Hospice: www.virtualhospice.ca for information / written resources