

**HOSPICE &
HOMECARE**
OF RENO COUNTY

A Member of the Hutchinson Regional Healthcare System

Hospice

Your Care Team:

Registered Nurse: _____

Home Health Aide: _____

Social Worker: _____

Chaplain: _____

Volunteer: _____

Therapist: _____

Hutchinson

620-665-2473

2020 N Waldron, Ste. 100

Hutchinson, KS 67502

McPherson

620-245-0116

1318 N Main

McPherson, KS 67460

Hospice House

620-669-3773

1523 East 20th

Hutchinson, KS 67502

Toll-Free: 800-267-6891

We CARE how YOU live!

Hospice Medicare Benefit Admission Criteria

For the Medicare Hospice benefit, individuals must be entitled to Medicare Part A and be certified by the attending physician and the Hospice Medical Director as terminally ill. That is, a life expectancy of six months or less if the terminal illness runs its normal course.

Eligible patients must sign a statement choosing Hospice care instead of regular Medicare A benefit. Treatment not related to the terminal and related diagnoses will remain under regular Medicare coverage.

The Hospice Medicare benefit continues as long as there is a physician's certification of the terminal illness. The certification periods consist of two 90 day periods followed by an unlimited amount of 60 day periods.

Patients can withdraw from the Hospice Medicare benefit at any time and resume all regular Medicare benefits.

Guidelines for patients using their Hospice Medicare Benefit are clearly established. Call Hospice & HomeCare of Reno County before using any of the following services:

- Emergency Room visits
- Hospitalization
- Ambulance services
- All treatment and services should be coordinated by hospice and part of the Plan of Care.

You may continue to be assessed by your attending physician under the hospice benefit.

If you have any questions or concerns that are not covered in this material, please do not hesitate to contact Hospice & HomeCare of Reno County.

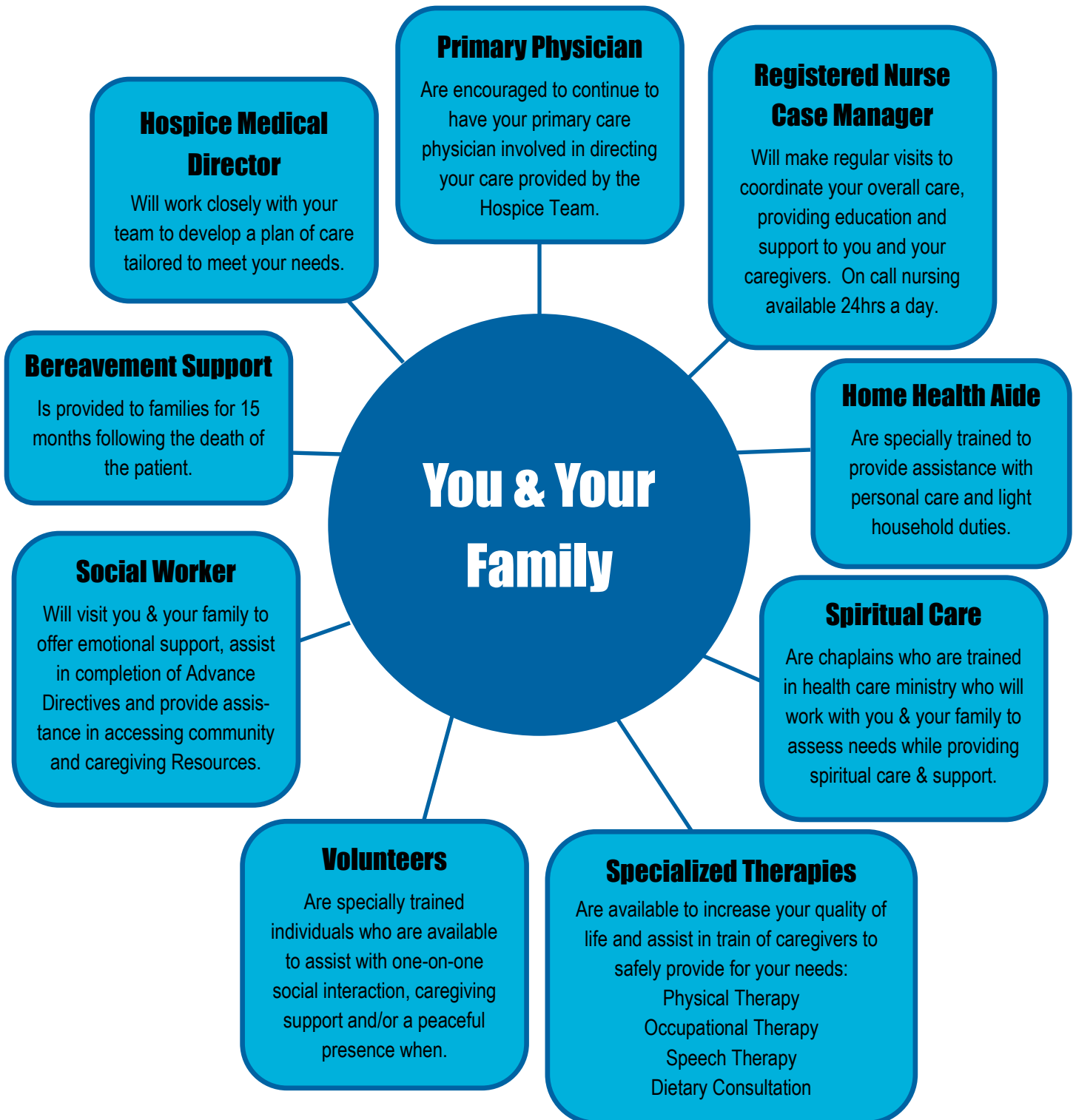
Other Insurance Providers

While most insurances follow the Medicare benefit, each individual insurance will be contacted and an explanation of benefits will be obtained. Your Social Worker/Registered Nurse will provide you with specific information about your covered benefits.

Please contact our office for any further questions or concerns in regards to your insurance coverage.

Please notify Hospice & HomeCare of Reno County of all insurance changes while receiving services with our agency to ensure successful billing.

Your Care Team



**Working together to honor the patient and family's wishes,
while allowing the patient to live life as fully as possible.**

Developing Your Plan of Care:

The Plan of Care is an essential part of your healthcare. It provides direction to your Hospice team on the goals, treatments and interventions you choose to meet your physical, emotional and spiritual needs. This plan is initiated at admission and evolves over time to address your changing healthcare needs.

To accomplish your goals it is important that you share your wants and desires at each visit. Please communicate with your Hospice Team any changes that you are experiencing.

Keep in mind the items listed below:

- When you are experiencing pain, anxiety, shortness of breath, constipation and other symptoms that aren't normal.
- When you are experiencing changes in your eating, walking, sleeping or the ability to do the things that you do on a daily basis.
- When you or your caregiver are unsure about how to provide care, medications, treatments or the natural disease process.
- When you are starting to run out of medications, incontinent supplies, or medical supplies.
- When you, your family or caregiver are scared, overwhelmed or fearful.

Our hope is to avoid crisis and work proactively to anticipate the needs of you, your family or caregivers.

Please feel free to call if any of the above issues arise.

Assistance is available 24 hour a day.

Identifying your goals for your Hospice Experience is our first priority.

Communicating your needs and desires with your Hospice Care Team is the first step in meeting your goals.

Time of Death:

Your Hospice Team will provide your caregiver and family with education about end-of-life signs and symptoms while your disease progresses. You also are provided the booklet "When Death is Near" which provides insight to the caregiver on signs your Hospice staff are watching for. Please don't hesitate to ask questions. Although hospice is unable to predict the exact time of death we can provide information on different timelines and normal disease processes.

When you believe your loved one has died or is approaching death:

Call Hospice, DO NOT CALL 911

Hutchinson: 620-665-2473, McPherson: 620-245-0116, Toll-Free: 800-267-6891

Continue to stay with your loved one, the presence of family and friends can be comforting. The nurse will come to assist by providing additional medications and support, making phone calls to the physician, care team, funeral home, church pastor or anyone else that you wish to have called.

Caregiving Support:

Being the caregiver can be emotionally and physically exhausting at times. Our hope as a Hospice agency is to provide the family and caregivers the support they need to be successful in caregiving. The Hospice Team will assist in educating the caregiver(s) on the disease process, medications, treatments, care needs and options available. It is always important to build a network of support. Creating a list of people available and willing to provide support, caregiver relief and assist in the care needs of the patient can elevate caregiver fatigue. Sometimes it is difficult to ask for help. When people reach out to offer assistance, make sure to have an idea of ways they can be helpful. Here are a few ideas:

- Friends to be present with patient so caregiver can run errands, rest or just get out of the house for a short time.
- Provide a small meal or snacks of patient's favorite foods.
- Helpful hand around the house with cleaning, laundry or dishes.
- Assistance with errands such as picking up medication or running to the grocery store.

Successful caregivers have to make sure to take care of themselves throughout this process. The following page includes some caregiving tips. Please reach out to your Hospice Team for additional support.

Helpful Hints for the Caregiver:

ROUTINES: Having a daily routine is helpful to patients and caregivers. Collecting all bath items before the bath is time saving and provides a sense of stability to the patient.

BELLS: A bell for the patient to call you can be helpful to both you and the patient. The patient can have ready access to you, and you can rest knowing the patient can call you when you are needed.

MEALS: The blender is useful when chewing and swallowing are difficult for the patient. Remember, even if the patient eats poorly, you (the caregiver) need to keep up your strength by eating, sleeping, and exercising regularly and in a healthy manner. You may consider having friends bring in meals or using Meals on Wheels.

BE KIND TO YOURSELF: Get enough rest and exercise. Eat a balanced diet. Make time for your favorite activities. Keep your sense of humor. Have someone to share your feelings and frustrations with. Avoid trying to do too much.

SHARING FEELINGS: Be ready to listen when others are ready to talk. The patient needs to set a timetable of when to talk. You may find yourself the target of anger or frustrations, but remember, you are not the cause of the hostility. Avoid expressing false cheer, saying “everything will be alright”. Remember touching, hugging, and caressing are ways to express acceptance and caring. Try to reach out gently and repeatedly to provide reassurance.

Leaving a Legacy

Be present by enjoying the small things each day. Reconnect with family members or friends that you haven't seen and reminisce about past life events that have brought you joy. Spend this time that you have remembering your accomplishments, experiences and beloved memories of the past. Share those with the ones you love.

The next page, shares ideas and ways for you to Tell Your Story and leave your family and friends with your legacy...

Sharing Your Life Story

Telling your life story (life review) is one of the most valuable gifts you can give your loved ones. What may be a surprise to you is how valuable the telling of it will be to you. As our life comes to an end, we need to know that someone in this world has seen us and that our life had meaning and value. We need to put experiences into perspective, resolve past conflicts, forgive ourselves and others, feel a sense of completion, and celebrate our life successes.



This information is designed for families to assist their loved one to recall and record their life journey. Find a quiet, comfortable place and give yourself plenty of time for reflection. Make certain that you tell other family members what you are doing to gather their information and support.

Life review can be written, a video, or audio. Having the stories told by the loved one adds value to the story. Create a narrative on each item. Select a photo album large enough for documents and large pictures. If your loved one cannot participate, request information from other family members, especially his/her siblings. Music can help to trigger memories. Music from their era (big bands, rock and roll, jazz, etc.) can hold a million keys to the past.

Rules For Life Review:

Listen without criticism or judgment

Encourage your loved one to tell his/her versions and tell old stories

Be patient with repetition

Encourage loved ones to cover various stages of life (from early life to present)

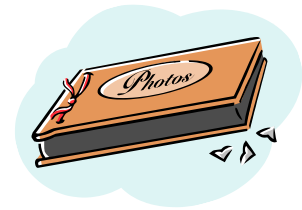
If conversation dwells on sad/depressing topics, gently change the subject

If he/she cannot remember, go to another topic and perhaps come back to previous topic another time

Use dates if possible

Ask “where were you when....” (i.e. Pearl Harbor, JFK was shot, the first spacecraft went up, dust bowl days)

Ask, “Who was with you” on life events



Getting Started:

Make categories of life stages:

Original family-what do you know about family coming to U.S.?

Where did your family live when you were born?

What do you remember about your early life?

How old were you when you had your first TV, indoor plumbing, and electricity?

Original family (parents, grandparents, etc.)

What do you remember about your grandparents?

What was your father's/mother's occupation?

Where did your parents grow up?

Were you closer to your mother or father?

Did anyone live with your family when you were young?

Work history (first job through retirement)

Courting and marriage (first date, prom, proposal, marriage(s), etc.)

Spouse(s); Children, children's weddings; Grandchildren; Siblings (brothers/sisters)

Close friends (where you met, things in common)

Recreation, hobbies; Travel, vacations

Religion/faith/congregation

Military Service

School (grade, jr. high, high school, college)

Volunteer Services

In 1981 this agency was started by community volunteers. This group of individuals saw the need for hospice services to be provided to Reno County residents. To this day, our agency continues to function by the support of our volunteers. These volunteers have a passion to support patients and caregivers at end-of-life. Listed below are just a few way you and your caregivers can benefit greatly from our Volunteer Services:



*"Do ordinary things with
extraordinary love"
-Mother Teresa*

As a hospice organization, our volunteers are treated just like staff members. Each volunteer goes through initial background checks, reference checks and training so you can feel confident in the people who come into your home. Please let your Hospice Team know how our Volunteer Services can assist you!

Medication & Supplies:

Typically hospice services are paid on a per diem basis. When this is the case, medication, medical supplies and durable medication equipment are provided by Hospice. Please notify your hospice team when you run low on:

Medications: Any medication related to your terminal diagnosis, related diagnoses or for your comfort will be covered by Hospice. Hospice will provide a 2 week refill on each medication.

Medical Supplies: Wound treatments/dressings, colostomy, drains that are related to your terminal diagnosis or related diagnoses will be provided by Hospice.

Durable Medical Equipment: Equipment might be needed for you to remain independent and lessen the amount of physical stress on your family and/or caregivers. Your hospice staff will work to anticipate your needs.

Please communicate with your Hospice Team when needs arise.

Safe Use & Disposal of Controlled Substances:

Safe use of all medications and any controlled substances is high priority for Hospice & HomeCare of Reno County. Our agency policy is for each medication to be prescribed by a licensed physician or a mid-level in accordance with State and Federal laws. It is important that each medication that you are using is reported to your nurse. Each medication will be included in your medication profile and administered as directed in your individualized plan of care.


The agency Policy and Procedure: Medication Administration and Safety in the Home Environment and Medication is provided within the admissions information.

Hospice & HomeCare of Reno County completes the disposal of medications and controlled substances in accordance with accepted standards of practice within the State and Federal laws/regulations. Please speak with your nurse on specific directions for disposal of medication.

The agency Policy and Procedure: Medication Disposal is provided within the admission information.

At the time of admission to Hospice House, should it be necessary, specific policies and procedures for that location of care will be provided to you.

Patients who reside in facilities (hospital, nursing home, skilled nursing facilities, assisted livings) may have their medications disposed of, or returned to the pharmacy in accordance with the facilities procedures.


 <p>HOSPICE & HOME CARE OF RENO COUNTY</p> <p><small>A Member of the Hutchinson Regional Healthcare Family</small></p>	Manual	Clinical
	Title	Medication Administration and Safety in the Home Environment
	Policy Number	C151
	First Approved Date	12/1995
	Revision/Review Date	4/1/2013; 1/22/2016
	Approved Date	4/3/2013
		Page 1 of 3

I. POLICY:


- a. All medications are administered by; the patient, family or caregiver, a licensed nurse or physician, or any other individual in accordance with State and local laws. Medications will be administered as directed in the patient's plan of care, as per physician order.

II. PROCEDURE:

- a. The nurse will follow the physician's order when administering medication in the home.
- b. Before administration, the nurse administering the medication completes the following:
 - i. Verifies that the medication selected matches the medication order and product label.
 - ii. Visually inspects the medication for particulates, discoloration, or other loss of integrity.
 - iii. Verifies that the medication has not expired.
 - iv. Verifies that no contraindications exist.
 - v. Verifies that the medication is being administered at the proper time, in the prescribed dose and by the correct route.
 - vi. Discusses any unresolved concerns about the medication with the patient's physician, prescriber, and/or staff involved with the patient's care, treatment, or services.
 - vii. Informs the patient or family about any potential for clinically significant adverse drug reactions or concerns regarding administration of a new medication.
 - viii. Identifies any high alert medications listed in P&P A215 Medication: Management of High Alert Medications.
 - 1. Will perform Lab draws as ordered related to ongoing monitoring of therapeutic blood levels of prescribed high alert medication.
 - 2. Collaboration with MD regarding dosage adjustments required for maintaining therapeutic blood levels of high alert medication.
 - 3. Educates patient and/or family about specific safeguards to reduce risk related to prescribing of high alert medication.
 - 4. Reports s/s indicating risk of injury to patient taking prescribed high alert medication to MD.
 - ix. Confirms patient identification using the two (2) identifier system.
- c. Home Health Aides and Volunteers **DO NOT** administer medication.
- d. When a pharmacy does not deliver medications and the patient/caregiver is unable to obtain medications in a timely manner, a nurse, home health aide or volunteer may be assigned by the Clinical Director or designee to pick up medications at the pharmacy and deliver such to the

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- patient/caregiver.
- e. Pre-filling insulin syringes is a task that is **strictly restricted** to a licensed RN or LPN employed by the agency.
 - f. The nurse assesses the patient/caregiver's ability to safely administer medications during the initial assessment.
 - g. The nurse provides instruction to the patient/caregiver on the proper administration of medications. Instruction includes, but is not limited to:
 - i. Potential side effects of medications included in the patient's plan of care
 - ii. Emergency responses to adverse reactions;
 - iii. How to safely store medications;
 - iv. The proper disposal of used syringes or patches;
 - v. When to administer medications included in the plan of care;
 - vi. Documenting self-administration of medications (if appropriate); and
 - vii. When to call the agency nurse if any difficulties or questions arise regarding self administration of medication.
 - h. The nurse documents all instruction/interventions given regarding the safe administration of medication and/or high alert medication and includes the response of the patient/caregiver to the instruction as appropriate.
 - i. Evidence of instruction on **High Alert Medications** will be via software data element:
Instructed/copy to: High Alert Medications.
 - ii. Interventions on Care Plan as suggested under PROCEDURE b. viii. of this policy.
 - i. The nurse reviews all medications for duplication, ineffective drug therapy, adverse effects and drug reactions, drug interactions and noncompliance with drug therapy. Refer to both Hospice and HomeCare Medication Regimen Review policy and procedures for further information.
 - j. Medications are dispensed in sufficient quantities to meet the needs of the hospice patient and to minimize the potential for waste.
 - k. Medications that are no longer needed are disposed of in accordance with the agency medication disposal policy and procedure. Refer to medication disposal policy and procedure.
 - l. Orders for medications are received in accordance with professional guidelines by licensed nurses, pharmacist or another physician. Refer to agency medications Orders P/P for further information.

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- m. The RN case manager or designee identifies and documents any misuse of controlled substances and notifies the patient's attending physician and the remainder of the interdisciplinary team for further interventions.
- n. An Occurrence report is completed for suspected or actual diversion of controlled substances and the interdisciplinary team, in consultation with the hospice Medical Director, the patient's attending physician and the pharmacist determine the appropriate course of action, including reporting the diversion to appropriate authorities. Refer to agency occurrence reporting policy and procedure for further information.
- o. Untoward drug reactions and/or medication errors are handled as an occurrence; the attending physician is notified and the proper documentation is completed. Refer to agency Occurrence Reporting P/P.
- p. The use of experimental drugs, or any FDA-approved drug in an on-approved manner, is not permitted.
- q. Twenty four hour availability for mediations as needed for symptom management is available for hospice patients thru the Hutchinson Regional Medical Center Pharmacy.
 - i. Refer to HRMC Pharmacy P/P Hospice and HomeCare number 10000 for further information.
- r. For medication administration safety at Hospice House refer to Medication Administration and Safety at Hospice House P/P C142.



A Member of the Hutchinson Regional Healthcare Family

Manual	Clinical
Title	Medication Disposal
Policy Number	C143
First Approved Date	12/1995
Revision/Review Date	1/2013; 1/22/2016
Approved Date	1/30/2013
	Page 1 of 2

I. POLICY:

- a. The agency disposes of drugs and biologicals in accordance with accepted standards of practices and State and Federal laws and regulations at the Hospice House or in the patient's home setting. Patient's who reside in facilities, may have their medications disposed of, or returned to the pharmacy in accordance with the facilities procedures.

II. PROCEDURE:

- a. A hospice nurse will assist the patient/family in proper disposal of unused medication(s) and supplies (especially controlled substances), when the medications are no longer needed by the patient. This method ensures that medications are unusable or unfit for consumption rather than disposed of in the sanitation system.
- b. Medication disposal
 - i. Medications are placed into a zip lock bag
 - 1. Unused oral liquid, tablet/capsule medications (**excludes chemo medications**).
 - 2. Unused injectable liquid medications from vials and/or cassettes can be withdrawn with a syringe and emptied into the bag (**excludes chemo medications**).
 - 3. Unused injectable liquid medications from bags can be opened with scissors by snipping a small corner of the bag and pouring contents into the bag (**excludes chemo medications**).
 - 4. Unused medication patches are cut up into pieces with scissors and placed in the bag.
 - ii. Water is added to the zip lock bag in an amount the covers all of the medications.
 - iii. SafeSorb powder/kitty litter is added to the zip lock bag.
 - iv. Close the bag.
 - v. Mix the contents until a gel product is formed.
 - vi. Place medicines in the trash for garbage pickup.
- c. Controlled substances including, but not limited to the following: **Ativan, Dilaudid, Duragesic Patch, Morphine tablets and injectable, MS Contin, Percocet, Roxanol, Tylenol #3 with Codeine and Xanax**, will be disposed of by the attending nurse and witnessed by another individual in the manner noted above.
 - i. Controlled drugs disposed of in the home setting by the nurse and witnessed by another individual are documented on the Disposal of Controlled Drugs in the Home form.
 - ii. The documentation includes the following

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1. Name and dose of the medication
 2. Amount or quantity of the medication remaining and destroyed
 3. Date of disposal and signature of the nurse and witness.
- iii. The form is filed in the patient's medical record.
- d. Chemo/Hazardous Medication disposal
- i. Double glove and wear mask and gown if disposing of liquid chemo
 - ii. Remove liquid medication cassette or bag from the pump
 - iii. Place intact medication cassette and tubing or oral medications in container into yellow chemo bucket
 - iv. Remove protective gown, mask and gloves and place in chemo bucket
 - v. Double seal chemo bucket
 - vi. Deliver the chemo bucket to Hutchinson Regional Medical Center soiled holding and place in chemo bucket receptacle for hospital disposal.
- e. Patient/Caregiver refusal
- i. In the event the patient/caregiver refuses to allow medication to be destroyed, the refusal is documented in the patient's clinical record with the name and strength of the medication and the amount remaining. Included with the documentation is the patient/caregiver's signature attesting to the refusal, and the date the patient's attending physician was notified of the refusal.
 - ii. The Disposal of Controlled Drugs form can be used for the documentation of the medications and the signature of the person refusing disposal.
- f. Disposal of medications at Hospice House – refer to Medication Disposal at Hospice House P/P C144.

III. ADDENDUM:

- a. Disposal of Controlled Drugs form F130

Dismissal Criteria

At times it is necessary for patients to be discharged from Hospice services. These discharges are typically planned due to no longer meeting the eligibility requirements for hospice. When Medicare is the primary pay source, the agency will notify you of a planned discharge at least two days prior to the discontinuation of Hospice services. This notification allows you time to appeal the agency's decision for discharge. Appeal information is provided to you on the following page.

You or your legal representative have the right to discontinue Hospice services at your discretion:

- If you no longer desire hospice services
- If you desire aggressive treatment for your terminal illness which is inconsistent with the hospice philosophy and/or your plan of care
- If you choose to receive treatment from an inpatient facility which the agency does not have and/or cannot obtain a written agreement with
- If you move outside the agency's service area

Please notify your Hospice team or our office if you choose to be discharged from Hospice services. Completion of a Revocation form is necessary for further insurance coverage.

There are circumstances that do not fall within the requirements set by Medicare for notification. If the agency determines that you, your family member(s) and/or caregivers' behavior is disruptive, abusive, or uncooperative to the extent that the delivery of care is ineffective or the agency determines there to be a safety concern for staff, a discharge for cause can be considered. You and your physician will be made aware immediately.

Should you be dismissed from Hospice services due to no longer meeting the insurance eligibility requirements, you could be eligible for services in the future.

If you ever experience changes in your overall health status, don't hesitate to inquire about eligibility.

Your Right To Appeal Discharge:

You have the right to an immediate, independent medical review (appeal), while your services continue, of the decision to end Medicare coverage of these services.

If you choose to appeal, the independent reviewer will ask for your opinion and you should be available to answer questions or supply information. The reviewer will also look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.

If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.

If you choose to appeal, and the independent reviewer agrees that services should no longer be covered after the effective date indicated above, Medicare will not pay for these services after that date.

If you stop services no later than the effective date indicated above, you will avoid financial liability.

How to ask for an immediate appeal:

You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.

Your request for an immediate appeal should be made as soon as possible, but *no later than noon of the day before the effective date indicated above.*

The QIO will notify you of its decision as soon as possible, generally by no later than two days after the effective date of this notice. To appeal your discharge or ask questions:

KEPRO QIO

5201 W. Kennedy Blvd, Suite 900 Tampa, FL 33609 (855) 408-8557 TTY: (855) 843-4776 Fax: (844) 834-7130
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Other Appeal Rights:

If you miss the deadline for filing an immediate appeal, you may still be able to file an appeal with a QIO, but the QIO will take more time to make its decision.

Contact (800)-MEDICARE (1-800-633-4227), or TTY: (877) 486-2048 for more information about the appeals process.



OFFICE OF RENO COUNTY CORONER

Dr. Scott Kipper MD

206 W. 1st, Hutchinson KS 67501

HOSPICE REPORT OF DEATH

Patient: _____ DOB: _____ Age: _____ Sex: male female

Race: _____ Social Security #: _____ - _____ - _____.

Home Address: (include city/state, zip): _____

Date and Time of death: _____ Mortuary Service: _____

Who Confirmed Death? _____ Physician Contacted _____

Recent Attending Physician: _____ Will Sign Death Certificate: Yes No

Next of Kin? _____ Phone: _____

Contacted? Yes No Present at time of death.

Address where Death Occurred: _____

CIRCUMSTANCES OF DEATH (MEDICAL HISTORY IF AVAILABLE)

Diagnosis as to Cause of Death: _____

Date enrolled in Hospice Care? _____ Name of Hospice: _____

**Name Physician signing Death Certificate? _____

* *If case is determined to be a Coroner Case, The Coroner will sign the Death Certificate.

See Page 2 for Determination as to Coroner Case. Call Investigator when Patient admitted to Hospice to discuss if the person could be considered a Coroner Case.

Any obvious trauma or surgery that could have contributed to Death? Yes No. If Yes Describe:

Was patient ambulatory or bed bound?

What was the decedent's condition over the last 2-3 days? _____

Current Medications: _____

Who Administered Medications? _____

DNR present? Yes No

Nurses Signature: _____ Date: _____

Reviewed by Medical Investigator: _____ Date: _____

Coroner: _____ Date: _____

Fax Form Immediately to: John Tracy, Medical Investigator at (620) 694-2762

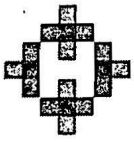
Office Phone Number: (620) 694-2765 during normal business hours

Cell (620) 664-3991 after hours or cannot reach in Office

THIS FORM NEEDS TO BE FAXED TO INVESTIGATOR THE SAME DAY OF DEATH!

Cases to be Considered Coroner Cases

1. Admitted to Emergency Room and dies. (No previously known or diagnosed medical condition, or was in apparent good physical condition prior to admission or death.)
2. EMS case and dies with no previously known medical condition.
3. Dies within 24 hours of admission. (No previously known or diagnosed medical condition)
4. Dies within a surgical procedure itself or while under anesthesia, or patients who do not regain consciousness following a procedure. Patients who die later of complications arising from an intraoperative event.
5. Dies from injuries that would be considered a criminal case. “With or Without a Report having been made to law enforcement”.
6. Any case of suspected Child Abuse.
7. Any case of suspected Elder Abuse.
8. Any case of a child (under the age of 18) that dies, even with a known diagnosis.
9. Newborns that have a respiration or heart beat even in the umbilical cord. Children born that weigh 250gm stillborn require a stillborn certificate signed by the physician(If no respiration or heart beat Investigator does not need to be contacted).
10. Any case of suspected poisoning or drug overdose, or when an illegal drug was detected (Methamphetamine, Heroin, Alcohol Overdose).
11. Allergic reaction to any medications administered prior to Admission, or in the Hospital.
12. No diagnosis made prior to death.
13. Death that was caused by any accidental injury, or the injury that contributed to the death of the person. Hip Fractures, Skull Fractures, and Subdural Hematoma from a fall. Fracture that possibly caused a Pulmonary Embolism. Anything considered an accident that hastens the death of a person (Frequently occurs with an elderly person). Motor Vehicle Accidents, Boating Accident, Hunting accidents, choking, etc. The time of the accident does not matter. A Motor Vehicle Accident or fall even 20 + years ago could be a Coroner Case if Complications caused from the injury(s) from the accident contributed to the death.(Paralysis or traumatic brain injury, even from a Criminal Offense years ago causing these conditions) . ***In cases considered accidents, only the Coroner can sign the death certificate.***
14. Any death that was caused by a self-inflicted injury, or by an overdose in an apparent suicide.
15. Physician will not sign the Death Certificate.



**HOSPICE &
HOMECARE**
OF RENO COUNTY

NURSING ADMISSION FORM

Date _____ Time _____

Vital Signs: T _____ P _____ BP _____ / _____
 Standing BP _____ / _____ Lying BP _____ / _____
 Height _____ Weight _____

HEALTH HISTORY	CLIENT		COMMENTS
	YES	NO	
Heart Disease			
Hypertension			
Stroke			
Lung Disease			
Rheumatic Fever			
Faint/Seizures			
Diabetes			
Thyroid Disease			
Hepatitis			
Kidney Disease			
Cancer			
Arthritis			
Bleeding Disorders			
Other Diseases			
Smoke/smokeless tobacco			Amount/day: _____
Alcohol			Amount/day: _____

Subjective complaint: _____

<p>HEENT-Head-Normal hair distribution. Head is symmetrically round without evidence of physical trauma. No nodules or masses visually observed.</p> <p>Eyes-without redness, discharge, blurred vision or foreign body.</p> <p>Ears-Without discharge, foreign body and/or pain.</p> <p>Nose-Symmetrical, without discharge, air passes freely through nares-no foreign body.</p> <p>Throat-Without redness, edema or pain. Able to swallow without difficulty. Oral cavity is pink, moist and intact. No obvious dental abnormalities.</p> <p>___ WNL ___ Other</p>	<p>NEUROLOGICAL-Alert and oriented to person, place and time. Pupils equal and reactive to light. Active ROM of all extremities normal for the patient. No parasthesia. Verbalization clear and understandable. Swallowing without coughing or choking on liquids and solids.</p> <p>___ WNL ___ Other</p>
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Patient Name: _____ Number: _____ Date: _____

Infectious Disease? Y N

Equipment / Item #	Date Ordered	Date Delivered	Date DC'd	Date Picked Up	Requesting Staff	HEQ Contact
Bath Seat w/o back / 44						
Bath Seat w/back / 41						
Bath Seat w/o back / G020142						
Bath Seat w/back / G020141						
Commode / 59						
Commode bucket / G040233						
Concentrator 5L / 22 (includes supplies – cannula & tubing)						
Concentrator 10L / 22 (includes supplies – cannula & tubing)						
Portable E System (only) / 18 (includes supplies – cannula & tubing)						
Oxygen Contents E or B						
Portable Conserving System / 120						
Nebulizer / 24						
Nebulizer supplies (neb sets, tubing, etc.)						
CPAP						
BiPAP						
CPAP, BiPAP masks and supplies						
Semi Electric Bed / 31 (includes mattress and side rails)						
Over Bed Table / 35						
Alternating Pressure System w/pad / 95						
Prodigy Mattress / CRW20391						
Sapphire Lo Air Loss Mattress / 273						
Trapeze / 60						
Walker – folding / 66						
Hydraulic Lift / 65						
Hydraulic Lift Commode Sling / G029632						
Wheelchair Standard 18” manual / K1-18-Std						
Wheelchair Standard 18” manual w/ elevating legs / K1-18-Std						
Wheelchair Heavy Duty 22” manual / K1-22-Std						
Wheelchair reclining						
Wheelchair cushion 18”x18” / J033360						
Suction unit w/battery / 73						
Suction supplies						
Portable Ramp						

Special / Delivery Instructions: _____

PATIENT INFORMATION	CAREGIVER INFORMATION
<p>Name _____ Date _____</p> <p>Address _____ Phone _____</p> <p style="text-align: center;"><u>Members of Household</u></p> <p>Name _____ Rel _____</p> <p>Name _____ Rel _____</p> <p>Name _____ Rel _____</p> <p>How long married/together? _____</p> <p>If widowed/divorced, how long? _____</p> <p>Anniversary date? _____</p> <p>Age of Significant Other? _____</p>	<p style="text-align: center;">(Place * beside identified bereaved client)</p> <p>Primary Caregiver Name _____</p> <p>Relationship _____</p> <p>Address _____</p> <p>_____</p> <p>Telephone:</p> <p>H _____ W _____ C _____</p> <p>Health Status _____</p> <p>Emotional Status _____</p> <p>Availability _____</p> <p>Limitations _____</p>
OTHER SIGNIFICANT OTHERS	
<p>Social Summary: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Hospice House Discharge Plans :</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Materials Provided: Midwife for the Souls _____</p> <p>Kids Kits _____ Final Seasons _____ Other _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone: H: _____ W: _____ C: _____</p> <p>Relationship _____</p> <p>Comment: _____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone: H: _____ W: _____ C: _____</p> <p>Relationship _____</p> <p>Comment: _____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone: H: _____ W: _____ C: _____</p> <p>Relationship _____</p> <p>Comment: _____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone: H: _____ W: _____ C: _____</p> <p>Relationship _____</p> <p>Comment: _____</p>

Patient Name _____

Patient Employment/Occupational History

Financial/Educational Assessment

Highest grade attained (if known)?

Financial Information

Veteran Status – Client and Spouse

Client: Yes No If Yes, branch and dates of service:

Spouse: Yes No If Yes, branch and dates of service:

Client's Hobbies/Interests

Client's Goals

Coping Concerns/Strengths

Environmental Safety Assessment

Environmental Concerns:

___ Heating ___ Plumbing ___ Infestations
___ Clutter ___ Odor ___ Repair needed
Other: _____

Safety Concerns:

___ Pets ___ Smoker ___ Weapons
Other: _____

Self Care Ability

	Self	Family	Hired	Facility	Needs
Help					
Meals	___	___	___	___	___
Cleaning	___	___	___	___	___
Laundry	___	___	___	___	___
Shopping	___	___	___	___	___
Transport	___	___	___	___	___

Funeral Home:

Additional Comments:

Community Resource Referrals

Key C-Currently Utilizing N-Needed

Home Services:

___ Lifeline ___ Meals on Wheels ___ Friendship Meals

Transportation:

___ RCat ___ Other: _____

Homemaker Services:

___ Dept. of Aging ___ SRS ___ HCBS

___ County Referral: _____

Financial Services:

___ SSDI ___ SSI ___ Medicaid ___ The Salvation Army

___ LEAP ___ Drug Indigent Prgm ___ Faith in Action

___ Other: _____

___ Mental Health Counseling

Volunteer Assessment

Would a volunteer be accepted? Yes No

Undecided

Copy of psychosocial assess to Volunteer. Coor. Date _____

Needed immediately? Yes No

If No, then when? _____

Preference: Male Female Either

Time of day volunteer is needed:

Day Evening Weekend No preference

Type of assistance needed:

Caregiver relief Beautician/Masseuse

Transportation Friendly Visitor

Comments:

Advance Directive Information

Copy

Has the Client Signed: Yes No requestd

A Living Will? ___ ___ ___

DPOA-HC? ___ ___ ___

DNR/DNI? ___ ___ ___

Was information given to the clt

on Living Will and DPOA-HC? ___ ___

Spiritual Assessment

Name of church that client or PCG is affiliated with:

(City)

Minister: _____

Does Clergy visit? Yes No How often? _____

Send Minister Admission Letter? Yes No Date _____

Role of faith: _____

Hospice chaplain referral needed? Yes No N/A

Copy of psychosocial assess to Chaplain Date _____

Hospice chaplain letter sent to patient/family Date _____

Comments: _____

Social Worker _____ Date _____

Data Entered by _____ Date _____