

Hospice Sign on Visit

Discussion for all admissions must include:

1. Explanation of benefits including medication coverage criteria.
2. Hospice philosophy.
3. Role of SN, MSW, Chaplain, HCA and volunteer.
4. Obtain patient History of present illness.
5. Goals of patient/family.
6. Explain meds for comfort.

Get signature on paper forms:

- a) Notice of Election
- b) MA Election for all MA residents
- c) Verification of Reimbursement (VOR) for SNF only.

Hospice nurse Visit Note

1. Review of systems as appropriate- always assess pain, bowel status, skin integrity.
2. Vital signs
3. Lung/edema.

Narrative Note- Summary of significant clinical findings, reasons eligible for Hospice, Hx of present illness/reason for Hospice referral

Order Comfort Kit as needed.

Clinical Orders

1. Enter DNR if appropriate.
2. Enter RN to pronounce.
3. Symptom management as needed.

Diagnosis-Accept diagnoses and move hospice DX to 1st position. Related dx (such as mets) move to second position.

Attributes- Enter Location and Level of care.

Med Rec- Accept current med list and add Comfort Kit as appropriate.

Calls to make:

1. Primary MD
 - a) Confirm terminal prognosis of less than 6 months.

- b) Obtain order for Meds- Comfort kit and Medications to be DC'd (when able)
 - c) Get order for any equipment required (Always confirm with Manager any special supplies that may be needed).
2. **Comfort Kit-** call Long Term Pharmacy to order. Exclude any meds that are not appropriate for a particular DX.
 3. **Equipment-** Call HCS
 4. **Facility patients-** communicate with MSW or case managers to inform of hospice Admission
 5. **Medical director-** Inform of admit and confirm Hospice Dx and terminal prognosis of less than 6 months.
 6. **Care Team-** Leave voicemail at 978-552-4050, X310. Inform of admission status, any special needs, and whether or not a visit is needed next day.

Sign visit and POT.