Health PEI Santé Î.-P.-É.

PROVINCIAL PALLIATIVE CARE CENTRE
93 MURCHISON LANE, CHARLOTTETOWN, PE C1A 0G3
TEL: (902) 368-4781 FAX: (902) 620-3473

APPLICATION FOR ADMISSION

FAX COMPLETED APPLICATION TO: (902) 620-3473

Section A: General Information

Name of Patient: _____

DOB (M/D/Y):_____ Sex:_____ PHN:_____ Tel: _____

Address:_____ Postal Code: _____

SDM/Proxy:_____ Tel: _____

Primary Care Provider:_____ Source of Referral: _____

- Has Code Status/Goals of Care been discussed with the patient?
  ☐ Yes ☐ No
- What is the patient's code status/goals of care?
  ☐ R ☐ M ☐ C

Section B: Admission Criteria

Palliative diagnosis has been established and requires:

1. Pain & Symptom Management
2. End of Life Care
3. Crisis Management – *including caregiver burnout or other forms of distress*
4. Complex Respite (subject to availability) – *e.g. social, psychosocial, crisis, physically complex diagnosis (Airvo required)*

Guiding Principles

1. Admissions to the Provincial Palliative Care Centre (PPCC) are considered and prioritized by the Provincial Specialized Palliative Care Team when a bed becomes available.
2. Admissions to PPCC are typically expected to be up to three (3) months, while some stays may exceed this due to the unpredictability of prognosis.
3. Applications to the PPCC that are deemed not appropriate for any reason will be returned to the referral source.
4. Once a patient has been offered an available bed by the admitting team at the PPCC and it has been accepted, this offer will be honored. The only exception is if the patient chooses to decline the offer.
5. Applications for admission to the PPCC must be for patients that are ready and willing to accept an available bed at the time of signing the application. There will be some cases where an individual has an event planned and will delay admission by 24-48 hours.

- **ESAS-R SCORES**

PAIN	
TIREDNESS	
DROWSINESS	
NAUSEA	
LACK OF APPETITE	
SHORTNESS OF BREATH	
DEPRESSION	
ANXIETY	
WELL-BEING	

COMPLETED BY *(check one)*:

☐ Patient
☐ Family Caregiver
☐ Health Care Professional Caregiver
☐ Caregiver Assisted

DATE: _____

SIGNATURE: _____

ALBUMIN: ___ DATE:_____ **PPS/ECOG/PRFS SCORE:____DATE:_____**

NAME (PRINTED):_____SIGNATURE:_____DATE: _____

Section C: To be completed by the patient or substitute decision maker

Palliative Care is an approach that improves the quality of life of patients and families living with a life-limiting illness. The Provincial Palliative Care Centre (PPCC) is a specialized palliative care facility where the expert palliative care team aims to support people to live life as fully as possible until their natural death.

Medical Assistance in Dying (MAiD) is a separate and distinct practice from palliative care. Patients are admitted to the PPCC to receive palliative care and if a patient expresses interest in MAiD, we will support them through conversation and connect them to the MAiD service.

Client Consent for Sharing Health Information: The Provincial Integrated Palliative Care Program is a network of services delivered by a multidisciplinary team of health care providers. The services involved with your care plan will depend on your needs. To ensure quality care, it is necessary to share your information among team members involved. *The sharing of your information will be undertaken with the greatest respect for your privacy.*

I,_____, give permission for team members involved in my care at home, in hospital, a palliative care unit, or with the Provincial Integrated Palliative CareProgram:

- To access my medical records and/or personal information as required from my hospital records, my physician and all other agencies or departments as may be necessary for the purpose of assessment of my needs, provision of services to me, and Provincial Integrated Palliative Care Program evaluation.
- To share medical and/or personal information about myself to the extent necessary within the Provincial Integrated Palliative Care Program with appropriate care providers.

I understand that this consent is valid unless revoked by me verbally or in writing. I also understand that I may revoke this consent verbally or in writing at any time.

Statement of Understanding of admission to the Provincial Palliative Care Centre:

I, _____ understand that patients admitted to the Provincial Palliative Care Centre (PPCC) will be regularly assessed by the clinical team to determine their care needs. If a patient should be gifted with more time and their condition stabilizes, they may be reassessed for more appropriate care. This may include a discharge home or a transition to another care facility, such as hospital, assisted living or LTC. As the only specialized palliative care unit on Prince Edward Island, the PPCC is committed to providing care for those with the most complex needs. We strive to prioritize patients who require specialized support, ensuring that our resources are used to offer the highest quality of care where it is most needed.

Initial: _____ Date:_____

_____ _____

(SIGNATURE OF APPLICANT OR SUBSTITUTE DECISION-MAKER) **(DATE)**