

Expected Death in the Home Protocol

Appendix 2 – Expected Death in the Home Planning Form



EXPECTED DEATH IN THE HOME PLANNING FORM

Advance Care Directive		
Client Name: _____ (print)		Date: _____
Address: _____		Date of Birth: _____
<input type="checkbox"/> POA/SDM	Name: _____	Telephone: _____
	Name: _____	Telephone: _____
<p>The signature below identifies the above name person (or their substitute decision-maker, if incapable) has confirmed their expressed wish that resuscitation is not included in the treatment plan and has completed the Do Not Resuscitate Confirmation (DNR C) form.</p> <p>Serial number of DNRC: _____</p>		
Health Care Provider's Name & Agency (print) _____		Signature _____ Date _____
<input type="checkbox"/> RN <input type="checkbox"/> RPN <input type="checkbox"/> NP <input type="checkbox"/> MD		

Funeral Home Information	
Funeral Home: _____	Contact: _____ Print Name
Tel #: _____	Fax #: _____

Pronouncement Plan / Certification Plan	
_____ <small>(Physician name/Nurse Practitioner)</small>	Tel # _____ Fax # _____ After Hours #: _____ <small>(Physician contact no. in event of death)</small>
_____ <small>(Physician name/Nurse Practitioner)</small>	Tel # _____ Fax # _____ After Hours #: _____ <small>(Physician contact no. in event of death)</small>
1. <input type="checkbox"/> Physician/NP will pronounce the death and sign the certificate of death.	
2. <input type="checkbox"/> Nurse will pronounce death and Physician/NP will sign the Medical Certificate of Death within 24 hours of death.	
Plan confirmed with MD/NP _____, by _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Health Care Provider's Name (print) Signature </small>	
Nursing Agency _____ After Hours #: _____ Date: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Agency contact no. in event of death </small>	

Expected Death in the Home Protocol

GUIDELINE

Expected Death in the Home Planning Form

The Health Care Professional (MD, NP, RN, RPN) who initiates the discussion re advanced care planning is responsible to complete the Expected Death In The Home (EDITH) Planning Form and notify the CCAC Care Coordinator.

Advance Care Directives

The Health care Professional:

- Discusses advanced care planning with the client/POA/SDM
- Documents that the client has an expressed wish for no resuscitation when their heart stops beating or they stop breathing
- Documents the serial number of the DNRC

Funeral Home Information

The Health Care Professional:

- Obtains the information re: Funeral Home from the family and permission to share information
- Completes this section on form

Pronouncement Plan and Certification Plan

The Health Care Professional:

- Confirms the pronouncement plan and certification plan with the Physician/NP
- Documents plan on the form and signs and dates form