

## REQUEST FOR ADMISSION TO THE VAUDREUIL-SOULANGES PALLIATIVE CARE RESIDENCE

PATIENT PROFILE					
Surname :	Given Name	:	Age :		
RAMQ :	Birth Date :	Marital Status :			
Address: No Street	Municipality	:	Tel. :		
Language spoken at home: Patient is currently: Is the patient currently receiving homecar	nome in hospital	<pre>     other     other     yes - specify </pre>			
Request for Admission :		non-urgent			
	l of life care	symptom control			
	e as long as possible	$\Box$ to die at home	to die in a healthcare institution		
	el of care and CPR form	Advance medical directiv	e		
FAMILY AND SOCIAL NETWORK	PROFILE				
Contact Person : Name	Rel	ationship	Tel. :		
Main Caregiver : Name	Rel	ationship :	Tel. :		
Mandatary : Name	Rel	ationship :	Tel. :		
Homologated mandate :	yes no	The patient is co	ompetent : 🗖 yes 🗖 no		
•	ele ehavioural changes (agitat gnosis	<ul><li>The main can</li><li>The main can</li><li>ion, aggressivity, confusion,</li><li>the patient is</li><li>the family is</li></ul>	regiver is exhausted		
<b>REFERRING INSTITUTION</b>					
Institution :		Unit :			
	<u>#</u>				
Case manager :		Profession:			
Pager :Tel					
Signature		Date :			
Physician :		Institution / Clinic :			
Pager :Tel					
Signature		Date :			
Please attach         ✓       The medication lists / Pharmacologi         ✓       The signed consent form         ✓       Level of care and cardiopulmonary         ✓       Summary of most recent hospitality         90, rue Como Gardens	resuscitation, AMD form	<ul><li>✓ Recent laboratory a</li><li>✓ Recent medical in</li></ul>	ation notes or reports and histopathology reports magery reports sessment tool (OEMC) Telephone: 450-202-2202		
		e-mail : <u>admissions@mspvs.org</u>			
Admis	sion Request - Vaudreuil-S	oulanges Palliative Care Resider	nce		

estimated by :       date :         Treatments received :       Surgery :       no       yes - type / date :         Chemotherapy :       no       yes - date of the last treatment		CARE RESID					Given Name		
Metastases:       no       yes (site / date):         Paillative performance scale rating:       PPSv2 :% or other (ECOG, Karnofsky) :         Prognosis:       < 2 weeks       < 3 months         estimated by :       date :         Treatments received :									
Palliative performance scale rating :       PPSv2 :% or other (ECOG, Karnofsky) :         Prognosis :       < 2 weeks       < 3 months         estimated by :       date :         Treatments received :				-					
Prognosis:         < 2 weeks         < 6 weeks         < 3 months         > 3 months         estimated by:       date :         Treatments received :	letastases :	L no L	J yes (site / date):	:					
estimated by:       date:         Treatments received :	alliative perfor	mance sca	le rating : P	PSv2 :	%	or other	ECOG, Karnofs	ky) :	
Treatments received :         Surgery :       no         ges - type / date :         Chemotherapy :       no         ges - date of the last treatment         Radiotherapy :       no         ges - site / date         Complications :         Ascites         Ascites         Cachexia       Delirium         Seizures         Spinal cord compression         Pain (type / location)         Autres :         Symptoms :         Outper         Anxiety       Agitation         Aggressivity       Confusion         Uprinary incontinence         Fecal incontinence         Fecal incontinence         Aubulation : Mobilizes:       Alone         With assistance       Mainly	Prognosis : $\Box < 2$ weeks		eks	$\Box$ < 6 weeks		$\Box$ < 3 months $\Box$ > 3 months			
Surgery : no yes - type / date :   Chemotherapy : no yes - date of the last treatment   Radiotherapy : no yes - date of the last treatment   Radiotherapy : no yes - date of the last treatment   Complications :		estimated	by :				date :		
Chemotherapy : no   Qadiotherapy : no   gadiotherapy : no   yes - site / date     Complications :   Qasties Edema   Query : Spinal cord compression   Psychological dis   Vounds / ulcers   Pain (type / location)   Presume   Pain (type / location)   Query :   Complements :   Controlled :   Pain (type / location)   Query :   Constraint   Qagressivity :   Confusion   Query :   Query :   Anxiety :   Aggressivity :   Confusion   Query :   Query :   Query :   Query :   Query :   Anxiety :   Aggressivity :   Confusion   Query :   Anxiety :   Aggressivity :   Confusion :   Utriary incontinence :   Presence :   Query :   Constraint :   Query :   Auters :   Anxiety :   Aggressivity :   Confusion :   Movith assistance :   Query :   Auters :   Presence :   Query :   Query :   Query :   Presence of infection :   MRSA :   VRE	'reatments recei	ived :							
tadiotherapy: no   omplications:   Ascites   Bowel obstructio   Cachexia   Delirium   Seizures   Spinal cord compression   Pachexia   Delirium   Seizures   Spinal cord compression   Pachexia   Delirium   Seizures   Symptoms:   Condexia   Pain (type / location)   Costing   Pain (type / location)   Constinues   Pain (type / location)   Costing   Pain (type / location)   Pain (typ	0,		u yes - ty	/pe / date :					
Complications :       Ascites       Edema       Lymphedema       Pleural effusion       Bowel obstructio         Cachexia       Delirium       Seizures       Spinal cord compression       Psychological dis         Wounds / ulcers       Fractures       Hemorrhage         Autres :	1.4		yes - da	ate of the last treatme	ent				
Ascites       Edema       Lymphedema       Pleural effusion       Bowel obstruction         Cachexia       Delirium       Seizures       Spinal cord compression       Psychological dis         Wounds / ulcers       Fractures       Image: Spinal cord compression       Psychological dis         Wounds / ulcers       Fractures       Image: Spinal cord compression       Psychological dis         Wounds / ulcers       Fractures       Image: Comptoint image: Spinal cord compression       Psychological dis         Autres :       Fractures       Controlled :       yes       no         Dyspnea       Cough       Fatigue       Weakness       Drowsiness       Insomnia         Anxiety       Agitation       Aggressivity       Confusion       Urinary incontinence       Fecal incontinence         Other       Appetite       Weight       Dysphagia       Nausea       Vomiting       Constipation         Other       Intake :       Alpotitic :       Alone       With assistance       Mainly sit/lie       Mainly in bed       Totally bed-boun         Fall risk:       yes       no       Intake :       Specific care required       Total care         Conscious level :       Full       Drowsy       Coma       Coma         Specific car	adiotherapy :	l no	🖵 yes - si	te / date					
Cachexia       Delirium       Seizures       Spinal cord compression       Psychological dis         Wounds / ulcers       Fractures       Hemorrhage         Autres :       Fractures       Hemorrhage         Symptoms :       controlled :       yes       no         Dyspnea       Cough       Fatigue       Weakness       Drowsiness       Insomnia         Anxiety       Agitation       Aggressivity       Confusion       Urinary incontinence       Fecal incontinence         Anxiety       Agitation       Aggressivity       Confusion       Urinary incontinence       Fecal incontinence         Anxiety       Agitation       Aggressivity       Confusion       Urinary incontinence       Fecal incontinence         Antres:       Alone       With assistance       Mainly sit/lie       Mainly in bed       Totally bed-boun         Fall risk:       yes       no       Intake :       Normal       Reduced       Minimal to sips       Mouth care only         Self care :       Full       Drowsy       Coma       Coma         Specific care required, specific equipment and measures :       Oxygen therapy			-	<b>.</b>					
Wounds / ulcers				* 1					
Autres :					- <b>I</b>		1		
Symptoms:   Pain (type / location)							<u> </u>		
Anxiety       Agitation       Aggressivity       Confusion       Urinary incontinence       Fecal incontinence         ↓ Appetite       ↓ Weight       Dysphagia       Nausea       ↓ Vomiting       Constipation         Other		cation)					controlled :	uyes uno	
↓ Appetite       ↓ Weight       Dysphagia       Nausea       ↓ Vomiting       Constipation         Other									
Other				•	1		•		
Ambulation : Mobilizes:       Alone       With assistance       Mainly sit/lie       Mainly in bed       Totally bed-boun         Fall risk:       yes       no         Intake :       Normal       Reduced       Minimal to sips       Mouth care only         Self care :       Full       Assistance required       Total care         Conscious level :       Full       Drowsy       Coma         Specific care required, specific equipment and measures :       Other required, specific equipment and measures :       Other required, specific equipment and measures :         Urinary catheter       Nephrostomy       Tracheostomy       Oxygen therapy         Colostomy       Gastrostomy       Pacemaker / Defibrillator       Central venous catheter :         Wound care       Drain :       Surveillance       Other :				0		U Vomi	ting	Constipation	
Fall risk: yes no     Intake : Normal Reduced     Minimal to sips Mouth care only     Self care : Full     Allergies / Intolerances :     Fall risk: yes     Normal Reduced     Minimal to sips     Mouth care only     Muth care only     Mouth care only     Muth care only     Reduced     Minimal to sips     Mouth care only     Reduced     Muth care only     Muth care only     Muth care     Muth care <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>									
Intake : Normal Reduced Minimal to sips Mouth care only   Self care : Full Assistance required Total care   Conscious level : Full Drowsy Coma    Specific care required, specific equipment and measures :   Urinary catheter Nephrostomy Tracheostomy Oxygen therapy   Colostomy Gastrostomy Pacemaker / Defibrillator Central venous catheter :   Wound care Drain : Surveillance Other :   Other diagnosis : MRSA VRE C-Difficile Other :	<b>Indulation</b> : M(			in assistance $\Box$ Ma	anny sit/ne		ly in bed		
Self care : Full Assistance required Total care   Conscious level : Full Drowsy Coma   Specific care required, specific equipment and measures :   Urinary catheter Nephrostomy Tracheostomy   Colostomy Gastrostomy Pacemaker / Defibrillator Oxygen therapy   Colostomy Gastrostomy Pacemaker / Defibrillator Central venous catheter :   Wound care Drain : Surveillance   Other			•			🛛 Minii	nal to sips	☐ Mouth care only	
Conscious level : Full <b>Drowsy</b> Coma <b>Specific care required</b> , specific equipment and measures :   Urinary catheter Nephrostomy   Tracheostomy Oxygen therapy   Colostomy Gastrostomy   Gastrostomy Pacemaker / Defibrillator   Wound care Drain :   Other Surveillance <b>Presence of infection</b> :   MRSA VRE   Cher diagnosis : Known cognitive impairment : <b>Allergies / Intolerances</b> :	Fa	Ľ	Normal				F	-	
Specific care required, specific equipment and measures :   Urinary catheter   Nephrostomy   Gastrostomy   Pacemaker / Defibrillator   Colostomy   Gastrostomy   Pacemaker / Defibrillator   Colostomy   Drain :   Surveillance   Other Other diagnosis : Known cognitive impairment : Yes Allergies / Intolerances :	Fa ntake :				e required			Total care	
Urinary catheter Nephrostomy Tracheostomy Oxygen therapy   Colostomy Gastrostomy Pacemaker / Defibrillator Central venous catheter :   Wound care Drain : Surveillance   Other   Presence of infection : MRSA   VRE C-Difficile Other :   Other diagnosis : Known cognitive impairment :  yes	Fantake : lelf care :		Full		•	Coma	l	Total care	
Colostomy Gastrostomy   Wound care Drain :   Surveillance     Other     Presence of infection :   MRSA     VRE   C-Difficile   Other :	Fa ntake : elf care : Conscious level :		Grull	<ul><li>Assistance</li><li>Drowsy</li></ul>	•	Coma	1	Total care	
Wound care Drain :   Other     Presence of infection :   MRSA     VRE   C-Difficile   Other diagnosis :     Known cognitive impairment :     yes     Allergies / Intolerances :	Fa ntake : elf care : Conscious level : pecific care req	L Luired, spe	<ul> <li>Full</li> <li>Full</li> <li>cific equipment ar</li> </ul>	Assistance Drowsy	-				
Other   Presence of infection   :   MRSA   VRE   C-Difficile   Other :   Known cognitive impairment   :   yes     Allergies / Intolerances	Fantake : elf care : Conscious level : pecific care req Urinary cathet	uired, spe	<ul> <li>Full</li> <li>Full</li> <li>cific equipment ar</li> <li>Nephrostomy</li> </ul>	Assistance Drowsy and measures :	tomy		Oxygen thera	upy L/mi	
Other diagnosis :	Fantake : lelf care : Conscious level : pecific care req Urinary cathet Colostomy	uired, spe	<ul> <li>Full</li> <li>Full</li> <li>cific equipment ar</li> <li>Nephrostomy</li> <li>Gastrostomy</li> </ul>	Assistance Drowsy and measures : Tracheoste Pacemake	comy er / Defibrilla	ator	<ul> <li>Oxygen thera</li> <li>Central veno</li> </ul>	upy L/mi us catheter :	
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Transmit by fax or e-mail	Fantake : elf care : Conscious level : pecific care req Urinary cathet Colostomy Wound care Other Presence of infect Other diagnosis Allergies / Intole	uired, spe er	<ul> <li>Full</li> <li>Full</li> <li>cific equipment ar</li> <li>Nephrostomy</li> <li>Gastrostomy</li> <li>Drain :</li> <li>MRSA</li> </ul>	Assistance     Drowsy  and measures :     Tracheoste     Pacemake     Surveillan      VRE	tomy er / Defibrilla nce C-D <u>Known</u>	ator ifficile cognitive	Oxygen thera Central venor Othe	upy L/mi us catheter : er : up yes no	