

Admission to Hospice Care Services Checklist

Individual's

Name: _____

Date of Admission to

Hospice: _____

- 'Orientation to Hospice Care Services' Training (for Certified staff) completed
- 'Orientation to Medication Administration Program (MAP)' Training (for Hospice Personnel) completed
- 'Hospice Intake Addendum' form completed
- MAP Coordinator notified
- Hospice Point Person (HPP) and alternate HPP (if applicable) assigned
- Area Office Nurse notified (if applicable)
- 'Hospice Notebook' assembled (if applicable)
- 'Hospice Palliative Care Emergency Kit' (E-Kit) received (if applicable) and added into the *Countable Controlled Substance Book*
- Medication Administration Records (MAR[s]) and Health Care Provider (HCP) Orders from current Medication Book transferred to 'Hospice Notebook' (if applicable)
- HCP Orders are Posted and Verified
- Order Verification forms are signed by the HCP and available at the MAP Registered site

Check those that apply:

- Medical Orders for Life Sustaining Treatment (MOLST)
- Comfort Care (CC)/Do Not Resuscitate (DNR)
- Other: Specify: _____

- | | | |
|----------------------------------|--------------------------|----------------------------|
| MAP Registered site | <input type="checkbox"/> | Original Verification Form |
| Day Program/
Day Habilitation | <input type="checkbox"/> | Copy of Form |
| School | <input type="checkbox"/> | Copy of Form |
| Transportation
Service | <input type="checkbox"/> | Copy of Form |
| Family | <input type="checkbox"/> | Copy of Form |