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| Admission to Hospice Care Services Checklist |

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| Individual’s Name: |       |
| Date of Admission to Hospice: |       |

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| [ ]  ‘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 siteCheck those that apply: [ ]  Medical Orders for Life Sustaining Treatment (MOLST) [ ]  Comfort Care (CC)/Do Not Resuscitate (DNR)  [ ]  Other: Specify:       |
| MAP Registered site | [ ]  | Original Verification Form |
| Day Program/Day Habilitation | [ ]  | Copy of Form |
| School | [ ]  | Copy of Form |
| Transportation Service | [ ]  | Copy of Form |
| Family | [ ]  | Copy of Form |
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