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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 site  Check 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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