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(S = Subjective, O = Objective, A = Assessment, P = Plan)

Palliative Care Progress Note and Checklist

Please check all completed items.

- □ Eligibility for Palliative care program has been medically determined and offender has been informed of his prognosis by the healthcare provider.
- □ Next of kin notified □ Emergency #’s confirmed __________
- □ Interdisciplinary Team - (Medical providers, Nursing staff, CHSA, Mental Health representative, Chaplain and Security) is notified.
- □ Interdisciplinary Team (IDT) has reviewed offender’s medical condition and level of care for appropriateness of palliative care, and has agreed to place offender into palliative care.
- □ Order for placement into palliative care per Medical Provider is signed and noted. Offender can be placed into the infirmary if controlled medications are required.
- □ Advanced directives, Living Will and DNR is discussed with the offender by the medical provider and documented via consent in accordance with OP 140138 entitled” Offender Living Will/Advance Directive for Health Care and Do Not Resuscitate (DNR) Consent.” □ DNR signed □ Advanced directive/Living Will signed
- □ IDT plan of care is developed including physical, emotional and spiritual needs of the offender and documented on the ODOC infirmary care plan (DOC 140119 B).
- □ Offender volunteers have received training per MSRM 140146-01 And have signed the Offender Volunteer Agreement (Attachment C).
- □ N/A
- □ Offender has signed the “Consent for Palliative Care”, Attachment D, and the “Authorization for Release of Protected Health Information” (DOC 140108 A).
- □ Edmonton Symptom Assessment Graph, (Attachment A), and Numerical Scale (Attachment B) has been implemented.
- □ Other/Comments-

OFFENDER’S NAME
(Last, First)     DOC NO.