Vancouver Coastal Health
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

HOME SUPPORT ORDER

Name:		**PARIS ID:**
DOB:	**Age:**	**PHN:**
Gender:		**Phone:**
Home Address:		

HOME SUPPORT INFO

Ordered by Team:		Provider:	
Responsible Team:		Provider Scheduler:	
Responsible Clinician:		Home Support Cluster:	
Type of Home Support:		Goal of Home Support:	

PERSONAL CARE TASKS

	Assignable	Delegable	Task Information
☐ Communication Setup	☐	☐	
☐ Medical Alert System ☐ Hearing Aids ☐ Communication Device ☐ Prescription Glasses			
☐ Bathing	☐	☐	
☐ Partial Bath	☐	☐	
☐ Pericare	☐	☐	
☐ Menstrual Care	☐	☐	
☐ Hair Care	☐	☐	
☐ Facial Shaving	☐	☐	
☐ Oral Care	☐	☐	
☐ Skin Care / Moisturize	☐		
☐ Hand Care	☐	☐	

HOME SUPPORT ORDER (AGENCY)

Name:	PARIS ID:

PERSONAL CARE TASKS (continued)

	Assignable	Delegable	Task Information
☐ Dressing	☐	☐	
☐ Prosthetics & Orthotics	☐	☐	
☐ Bladder Management	☐	☐	
☐ Catheter Care	☐	☐	
☐ Bowel Management	☐	☐	
☐ Ostomy Care	☐	☐	
☐ Sexual Health Setup	☐	☐	

MOBILITY / ACTIVITY / REHAB TASKS

* = Exceptional Task

	Assignable	Delegable	Task Information
☐ Transfers - Assignable	☐		
☐ Transfers - Delegable		☐	
☐ Turning / Repositioning	☐	☐	
☐ Falls Prevention Program	☐		
☐ Home Activity Program			
☐ Therapy Program		☐	
☐ * Community Mobility	☐	☐	

HOME SUPPORT ORDER (AGENCY)

Name:	PARIS ID:

NUTRITION TASKS

* = Exceptional Task

	Assignable	Delegable	Task Information
☐ Meal Setup	☐		
☐ Meal Delivery Program			
☐ Texture Modification	☐	☐	
☐ Oral Feeding	☐	☐	
☐ Tube Feeding		☐	
☐ Expired Food Removal	☐		
☐ * Shop by Phone-Groceries	☐		
☐ * Transporting Food	☐		
☐ * Advanced Meal Prep	☐		
☐ * Dish Washing	☐		

MEDICATIONS TASKS

	Assignable	Delegable	Task Information
☐ Medication Reminder	☐		
☐ Medication Assistance	☐		
☐ Medication Administration		☐	
☐ Pharmacy Program			
☐ Oxygen Setup	☐	☐	

HOME SUPPORT ORDER (AGENCY)

Name:	PARIS ID:

MEDICAL & CHRONIC DISEASE MANAGEMENT TASKS

* = Exceptional Task

		Assignable	Delegable	Task Information
☐	Compression Stockings		☐	
☐	Wound Care	☐	☐	
☐	Clinical Measurements	☐	☐	
	☐ Weight ☐ Temperature ☐ Blood Pressure ☐ Oximeter			
☐	Glucometer Reading	☐	☐	
☐	BiPAP / CPAP	☐	☐	
☐	Heat / Cold Applications	☐	☐	
☐	* Tracheostomy Care		☐	
☐	* Mechanical Ventilation		☐	
☐	* Oral Suctioning	☐		
☐	* Airway Suctioning	☐	☐	
☐	* Peritoneal Dialysis		☐	
☐	* Post ECT Monitoring		☐	
☐	* Post OP Monitoring		☐	
☐	Care of Body After Death	☐		

HOME SUPPORT ORDER (AGENCY)

Name:	PARIS ID:

HOSPITALITY TASKS

* = Exceptional Task

		Assignable	Delegable	Task Information
☐	Garbage & Recycling	☐		
☐	Bedding Change	☐		
☐	* Laundry - Bed and Bath Linens	☐		
☐	* Laundry - Clothing	☐		
☐	* Housekeeping - Light	☐		
☐	* Extermination Preparation	☐		

COMMUNITY LIVING TASKS

* = Exceptional Task

		Assignable	Delegable	Task Information
☐	Transportation Access	☐	☐	
☐	* Respite Blocks	☐		
	Respite Hours Per Week			
☐	* Appointment Making	☐		
☐	* Medical Escort	☐		
☐	* Safety Monitoring	☐		
☐	* Overnight Care	☐		
	☐ Sleep Shift	☐ Awake Shift		Length of Shift (Hrs)
☐	* Live-in Care	☐		
	☐ Sleep Shift	☐ Awake Shift	☐ With Break	☐ Without Break
☐	* Travel Time (Rural Only			

HOME SUPPORT ORDER (AGENCY)

Name: **PARIS ID:**

CARE REQUIREMENTS AND CARE INFORMATION

* = Exceptional Requirement

Care Requirements

- ☐ Dementia Care Competency
- ☐ Falls Prevention Competency
- ☐ Medication Administration Competency
- ☐ Palliative Care Competency
- ☐ No CPR Form Date Signed
- ☐ Notification of Expected Death Form Date Signed
- ☐ * Language Needed for Care?
- ☐ * Multiple Community Health Workers
- ☐ Enhanced Consumer Participation Model (ECPM)

Care Information

- ☐ Diagnosis Relevant to Care?
- ☐ Behaviour Careplan Exists?
- ☐ AGA Support and Assistance Plan Exists?

Urgent Response Priority

Additional Care Requirements and Care Information

SERVICE SCHEDULE

☐ Statutory Holidays (Allow service on Stat Holidays)

Authorized Start Authorized End

Authorized Time Per:

7 Days Hr Min

28 Days Hr Min

Patterns of Service

EXCEPTIONS

Exception Types	Task Type	Task Length	Task Frequency	Total Hours	Care Requirements
Reason for Exception					
Further Details					
Approved By Name					
Approved By Position					
Date Approved					
Required Review Date					

SERVICE ORDER SUBMISSION

Service Order Submitted on by

Confirmed by Provider on by

HOME SUPPORT ORDER (AGENCY)

Name:	PARIS ID:

ADDRESS DIRECTIONS

Buzzer Code:

Address Directions

MAIN CONTACT(S)

Contact Name	Primary Number	Alternate Number	Association	Comments

---------- End of Report ----------

NOTE: Once downtime information from this form has been entered in PARIS, shred this working sheet.