



PALLIATIVE SHIFT CARE

Name: DOB: Gender: Home Address:	Age:		PARIS ID: PHN: Phone:	
Assessment Start Date:	Assessment End Date:		Carried Out By:	
Safety Screener				
Recorded By:		Date Recorded:		
Team:				
☐ Biohazard Comments:				
Substance Use				
Client Comments:		Others		
Alcohol Issues				
Client		Others		
Comments:				
Smoking in Home				
Client		☐ Others		
Comments:				
Pets in Home				
Client		Others		
Comments:				
Behaviour				
☐ Threatening, paranoid or aggressiv	е			
☐ Weapons in the home				
☐ Verbal Abuse / Threats				
Documented physical, sexual abus	e or sexually threatening behaviours			
Other persons in home or surround	ling environment exhibiting th			
☐ Unpredictable behaviour of househ	old member or visitor			
☐ Previous alert on file				
Unpredictable, unsafe, or illegal be	ehaviour			
Other				
Unknown				
☐ None of the above				
Comments:				

PALLIAT	IVE SHIFT	CARE					
Name:				P	PARIS ID:		
Associated l	People						
Surname	Giver	n Name	Relationship	Association	Phone #	Туре	Main
					0		
Unregistered							
Contact Name	Primary	Number	Alternate Number	Association	Comments		
Languages a	and Communic	ation					
Main Lang	guage		Fluency		Interpreter Required Comments		
Client Instru	ctions for Heal	th Care					
Date Recorded		cars	Document Location		Entered at time of Registry?	End	Date
Client Instru	ctions for Fina	ncial / Lega	al				
Date Recorded	Туре		Document Location		Entered at time of Registry?	End	Date
Diagnosis							
Date	Diagnosis Type	Diagnosis		State	Aware? Comments		

PALLIATIVE SHIFT CARE

Name:	PARIS ID:	
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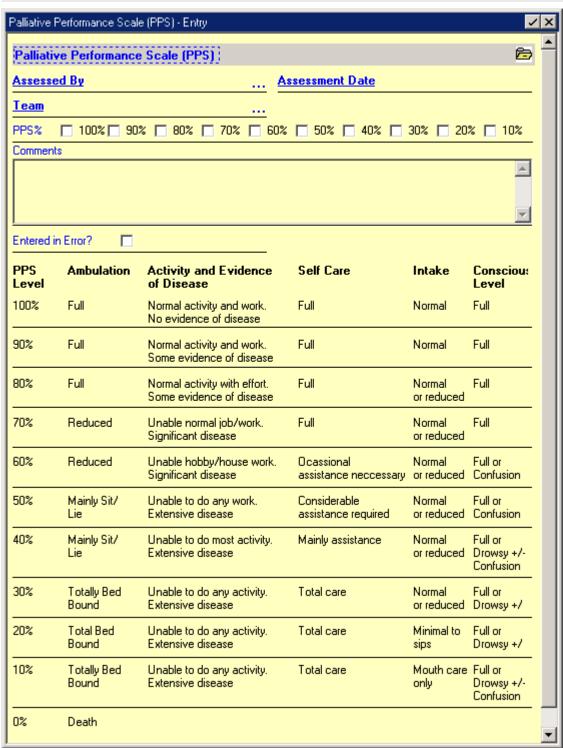
Client Shift Care - Entry

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Client Shift Care	∂
Recorded By	Date Recorded
Date of Request	Time of Request
Requesting CHN	Contact Number () -
Primary CHN	Contact Number () -
Secondary CHN	Contact Number () -
Shiftcare Date Required	
Shift Time Required 08:00 - 2	20:00
20:00 - 0	08:00
☐ Other Tir	mes:
Reason for Shift Care [TIP]	
Shift Care Nurse	
Agency	
Contact Number () -	
Nursing Tasks Required	
☐ CADD Pump ☐ F	Pleurx Chest Catheter
Central Line	V Infusion / Meds Subcutaneous Med Management
Other, Specify	
Client Waitlisted at:	
Acute PCU	
Hospice	
If Other, Specify	
Dutcome	
☐ No Shift Care Nurse Available	
Added To Waitlist	
Outcome of No Shift Care Nurse	
Comments	

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Name: PARIS ID:

Palliative Performance Scale (PPS) - Entry



Casenotes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.			
End of Report			