

PALLIATIVE SHIFT CARE

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

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

Comments:

Others

Smoking in Home

Client

Comments:

Others

Pets in Home

Client

Comments:

Others

Behaviour Not Assessed

Threatening, paranoid or aggressive

Weapons in the home

Verbal Abuse / Threats

Documented physical, sexual abuse or sexually threatening behaviours

Other persons in home or surrounding environment exhibiting th

Unpredictable behaviour of household member or visitor

Previous alert on file

Unpredictable, unsafe, or illegal behaviour

Other

Unknown

None of the above

Comments:

PALLIATIVE SHIFT CARE

Name:	PARIS ID:
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Associated People

Surname	Given Name	Relationship	Association	Phone #	Type	Main
				()		

Unregistered Contacts

Contact Name	Primary Number	Alternate Number	Association	Comments
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Languages and Communication

Main	Language	Fluency	Interpreter Required	Comments
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Client Instructions for Health Care

Date Recorded	Type	Document Location	Entered at time of Registry?	End Date
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Client Instructions for Financial / Legal

Date Recorded	Type	Document Location	Entered at time of Registry?	End Date
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Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
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PALLIATIVE SHIFT CARE

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Client Shift Care - Entry

Client Shift Care - Entry ✓ X

Client Shift Care 📁

<u>Recorded By</u> ...	<u>Date Recorded</u>
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 - 20:00
 20:00 - 08:00
 Other Times:

Reason for Shift Care [TIP] ...

Shift Care Nurse

Agency ...

Contact Number () -

Nursing Tasks Required

<input type="checkbox"/> CADD Pump	<input type="checkbox"/> Pleurx Chest Catheter	<input type="checkbox"/> Peritoneal Catheter
<input type="checkbox"/> Central Line	<input type="checkbox"/> IV Infusion / Meds	<input type="checkbox"/> Subcutaneous Med Management
<input type="checkbox"/> Other, Specify		

Client Waitlisted at:

Acute PCU ...

Hospice ...

If Other, Specify

Outcome

No Shift Care Nurse Available

Added To Waitlist

Outcome of No Shift Care Nurse ...

Comments

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Palliative Performance Scale (PPS) - Entry

Palliative Performance Scale (PPS) - Entry ✓ X

Palliative Performance Scale (PPS) 📁

Assessed By ... **Assessment Date**

Team ...

PPS% 100% 90% 80% 70% 60% 50% 40% 30% 20% 10%

Comments

Entered in Error?

PPS Level	Ambulation	Activity and Evidence of Disease	Self Care	Intake	Conscious Level
100%	Full	Normal activity and work. No evidence of disease	Full	Normal	Full
90%	Full	Normal activity and work. Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort. Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable normal job/work. Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work. Significant disease	Ocassional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/ Lie	Unable to do any work. Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly Sit/ Lie	Unable to do most activity. Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity. Extensive disease	Total care	Normal or reduced	Full or Drowsy +/-
20%	Total Bed Bound	Unable to do any activity. Extensive disease	Total care	Minimal to sips	Full or Drowsy +/-
10%	Totally Bed Bound	Unable to do any activity. Extensive disease	Total care	Mouth care only	Full or Drowsy +/- Confusion
0%	Death				

Casenotes

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

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