

Date: _____ **to** _____

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

Casenote Date: _____ **Reason:** _____ **Staff Member:** _____

Next Planned Contact/Visit

Planned Date:

Contact Type: Reason:

Planned Staff:

Today's Contact Information for MRR

Contact #1

Service Delivery Setting:

Contact Type: ☐ Face to Face Visit Duration: hr Min
☐ Telephone Call in lieu of Face to Face

Contact #2

Service Delivery Setting:

Contact Type: ☐ Face to Face Visit Duration: hr Min
☐ Telephone Call in lieu of Face to Face

Contact #3

Service Delivery Setting:

Contact Type: ☐ Face to Face Visit Duration: hr Min
☐ Telephone Call in lieu of Face to Face

Contact #4

Service Delivery Setting:

Contact Type: ☐ Face to Face Visit Duration: hr Min
☐ Telephone Call in lieu of Face to Face

PROGRESS NOTE - PALLIATIVE ON CALL

Name:

PARIS ID:

On Call Follow-Up Contact Information

Name of On Call Nurse:

Name of Person Calling:

Relationship to Client:

CHA:

Reason for Call:

- | | |
|---|--|
| <input type="checkbox"/> Pain | <input type="checkbox"/> Significant Changes in Client Condition |
| <input type="checkbox"/> Nausea and Vomiting | <input type="checkbox"/> HCN/SCN call to update on-call nurse |
| <input type="checkbox"/> Dyspnea | <input type="checkbox"/> Death |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Pronounce Death Request |
| <input type="checkbox"/> Confusion / Delirium | <input type="checkbox"/> Other |
| <input type="checkbox"/> Caregiver Stress | |

Actions Taken:

- | | | |
|--|------------------------------|--------------------------------|
| <input type="checkbox"/> Telephone Consultation | | |
| <input type="checkbox"/> Follow up call made | | |
| <input type="checkbox"/> Visit | | |
| <input type="checkbox"/> GP Physician Contacted | | |
| <input type="checkbox"/> Hospice Physician Contacted | | |
| <input type="checkbox"/> Medications delivered | | |
| <input type="checkbox"/> Shift care started | | |
| <input type="checkbox"/> Home support started | | |
| <input type="checkbox"/> Transfer to Acute Care | <input type="checkbox"/> PCU | <input type="checkbox"/> Emerg |
| <input type="checkbox"/> Message left at Health Unit | | |
| <input type="checkbox"/> Call prevented an ER visit | | |

Vancouver - On Call Contact Numbers

Site	On Call Contact	Telephone Number
CHA 1 3Bridges	After Hours	604-331-8912
CHA 2 Lee Family	After Hours	604-675-3988 ext 20173
CHA 2 Pender	After Hours	604-642-5830
CHA 3 Evergreen	After Hours Messages	604-707-3611
CHA 4 Pacific Spirit	After Hours Messages	604-267-2687
CHA 5 Raven Song	After Hours Messages	604-709-6463
CHA 6 South	After Hours Messages	604-301-2214

PROGRESS NOTE - PALLIATIVE ON CALL

Name:	PARIS ID:
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Medication Admin/Dispense Record

Date	Time	Admin/ Disp	Medication Order	Dose Admin/ Dispensed	Route	PRN	Administered/ Dispensed By
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Casenotes

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