WIISOKOTAATIWIN PROGRAM CHECKLIST FOR HOME PASSING

___ Client is assessed using PPS     PPS score _______   Date_______
___ Family caregivers are identified and committed
___ DNAR order written in in-home chart, signed and dated
___DNR confirmation form signed and in in-home chart
___ Spiritual support person has been identified, family has contact information ______________
___ Family educated on what to expect at time of passing
___ Family knows who to call for crisis management
___ Family knows who to call when passing occurs.
___ Plan for pronouncement is in place
___ Funeral home is identified and notified. Name and contact number_____________
___ Certification has been arranged between Nurse Practitioner or Physician and Funeral Home
___ Physician has sent letter to Treaty Three Police notifying of expected passing
___ Local Treaty Three Police detachment notified of expected passing and/or presence of narcotics in home
___ Local EMS is aware of expected passing and presence of DNR confirmation form in chart
___Care Plan for home passing has been communicated to providers

Checklist completed ____________________________  ______________

HCCP coordinator                        Date completed