**PROGRAM CHECKLIST FOR HOME PASSING**

\_\_\_ Client is assessed using PPS PPS score \_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_

\_\_\_ Family caregivers are identified and committed

\_\_\_ DNAR order written on in-home chart, signed and dated

\_\_\_\_DNR confirmation form signed and on 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 Police, notifying of expected passing

\_\_\_ Local 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**