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