Palliative Overnight Respite Referral Form

Margaret's Place Fax to: 905-627-6577

MARGARET'S PLACE
Hospice at St. Joseph's Villa

Patient Information	BRN # _____

Patient Name _____ HCN _____ VC ____ DOB _____

Address _____ City _____ Province ____ Postal Code _____

Patient Phone # _____ Current Location _____

SDM _____ Relationship _____ Phone _____

Preferred Language _____ Gender Identify _____

Care Coordinator _____ Phone _____ Ext. _____

Overnight Respite Services Requested (Estimated LOS 2-14 days)

☐ Respite Stay Start Date _____ End Date _____

☐ Stabilization of Exacerbation of life-limiting illness Describe: _____

Primary Community Health Care Provider Information

Community MRP Name _____ MRP aware of referral? ☐ Yes ☐ No

MRP Phone _____ Backline or Cell _____ Fax _____

Primary Specialist _____ Phone _____ Fax _____

Medical Information

Primary Diagnosis _____ Date of Onset _____ PPS _____

Secondary Diagnosis / Comorbidities _____

Allergies _____

Symptoms Requiring Management (nausea, pain, etc.) _____

_____

Patient & Family's Goals & Expectations _____

Other Relevant Information _____

COVID-19 Vaccination Status: ☐ Fully Vaccinated ☐ Partially Vaccinated ☐ Unknown or Not Vaccinated

History of MRSA: ☐ Yes ☐ No ☐ Unknown VRE: ☐ Yes ☐ No ☐ Unknown C-Diff: ☐ Yes ☐ No ☐ Unknown

Attachments: ☐ Medical Summary / Health History ☐ Consult / Progress Notes ☐ Other Notes

☐ Pertinent Diagnostic Tests ☐ Current Medication List

☐ Pharmacy _____

☐ Referral Eligibility for Overnight Respite Services Confirmed by Care Coordinator

Care Coordinator _____ Date _____ Phone _____

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Version 21.001

Ontario

Eligibility for end-of-life respite care is restricted to patients who meet the following criteria:

- The person is eligible for nursing services under the Home Care and Community Services Act, 1994.
- The person must have an end-of-life home care designation to (service recipient code 95) and a prognosis of less than six (6) months.
- The person needs to receive services in a residential setting, because:
    - The person requires a period of time in which to stabilize an exacerbation of life-limiting illnesses that puts her/him at risk of visiting an emergency room or hospital.

      OR

    - The person requires 24/7 nursing support, but has primary caretakers who are experiencing significant stress and need to be temporarily relieved from their responsibilities for their own personal well-being.
- The person must not have an anticipated discharge destination of a hospital or a long-term care home. If a patient's needs change over the course of their stay in the end-of-life respite program, discharges to other settings are not prohibited.
- Persons with anticipated lengths of stay of greater than 14 days should not be admitted under normal circumstances. Contact the **Nurse Navigator at 289-921-0634** for consideration of extraordinary circumstances.