



REFERRAL FOR ADMISSION

Admission criteria

- Patients of all ages in end stages of terminal illness (cancer or other)
- Residents of the Haute Yamaska or La Pommeraiie territories
- Patients who have undergone a medical evaluation that supports a prognosis of **less than two months** or a **PPSV2 score of less than 40%**

Additional criteria

- The patient and family members are informed that no further treatment aimed at curing disease is warranted, and that the focus of care is on pain and symptom management.
- Admission to La Maison Au Diapason is desired by the patient and family members. To this end a consent form is signed prior to admission at La Maison Au Diapason.
- A complete medical dossier is required of the referring party to ensure that all patients are adequately evaluated and prioritised by the admissions committee. Please include the following documents (as per availability)
 - Latest reports from radiology and nuclear medicine (CT, PET, MRI, x-ray, etc)
 - Latest laboratory results
 - Oncology, radio-oncology, palliative care or other pertinent specialisation consults
 - Latest progress notes (medical and nursing)
 - Summary sheet from last hospitalisation
 - Biopsy results
 - Psycho-social evaluation
 - Signed Level of care

Patient Identification

Name : _____
Date of birth : _____
NAM : _____ Exp : _____
Address : _____ _____
Tel : _____
Family doctor : _____
Clinic : _____
Tel : _____

Referring physician

Name : _____
Title/special. : _____
Institution/clinic : _____
Tel : _____

Reserved admissions committee
Date received : _____
Complete : _____
Admission : _____

Name : _____

Pre-admission or Admission

1. Primary diagnosis _____ Date of diagnosis : _____

2. Reason(s) for referral : _____

3. Extent of illness at diagnosis : _____

4. Metastases (dates and sites) : _____

5. Treatments received (dates):

Surgery : _____

Chemotherapy : _____

Radiotherapy : _____

Other : _____

6. Current symptoms and problem list :

Pain : _____

ENT : _____

Cardio/resp. : _____

Digestive/abdomial : _____

Genito-urinary : _____

Neuro : _____

Motor : _____

Integument : _____

Psychiatric : _____

Behaviour : Adequate Supervision required occasionally regularly

Lifestyle : Smoking Alcohol Drugs

Other : _____

7. PPSV2 : _____ (see annex) Prognosis less than : 2 weeks 3/weeks 1-2 months + de 2 months
 Cachexia Weight : ____ Kg

8. Co-morbidities : _____

9. Allergies : _____ Infections : _____

10. The patient is presently at home in residence in hospital discharge home while awaiting admission

11. The patient is receiving home care from CLSC private Name of home care nurse : _____

12. Psychosocial :

The patient is aware of his prognosis? Yes No

Patient's perception of his illness : _____

Other pertinent information : _____

Date : ____/____/____

Physician's signature : _____



LA MAISON AU DIAPASON – PRE- ADMISSION CONSENT FORM
To be read by the patient and his primary caregiver

I am aware that La Maison Au Diapason is a resource dedicated to persons at the end-of-life, and that the care provided at is palliative by nature, emphasizing comfort and quality of life. The goals of care at La Maison Au Diapason include:

- Optimal pain and symptom management without recourse to extra-ordinary measures such as transfer to hospital or cardio-pulmonary resuscitation
- Caring and compassion and companionship for the patient and his loved ones

I am aware that La Maison Au Diapason has adopted a code of conduct to ensure quality and equity in the care and services it provides for its patients. This code includes the following rules:

- All patients who are admitted are requested to consent to a transfer of their file to the pharmacy assigned to La Maison Au Diapason
- Care and services are free of charge, but patients and their loved ones are responsible for the cost of medications (may vary depending on type of insurance)
- All patients are followed by the team of physicians assigned to La Maison Au Diapason
- Smoking is permitted only in the designated area *outside* La Maison Au Diapason
- Meals are free for patients, but their loved ones must register and pay for their meals
- With permission from the treating physician, patients may complement their meals with alcoholic beverages, these must be supplied by the patient's loved ones
- Patients and their loved ones are asked to limit personal objects to laptops, cell phones, radios and table-top picture frames
- Pets are welcome but patients and their family members are asked to coordinate with the personnel prior to the pet's visit.

I understand that:

- La Maison Au Diapason is not a long term care facility
- My health status will be evaluated regularly
- Should my condition stabilize or improve transfer to a more suitable facility will be coordinated with the assistance of the CSSS

I, _____, as well as my primary caregiver, _____, have read and understood the above statements and commit to following the code of conduct of La Maison Au Diapason.

I accept that a referral be completed on my behalf. I understand that I can withdraw my request for admission at any time.

Health care provider: _____ Date: _____

Patient : _____ Date: _____

Primary caregiver : _____ Date: _____

**Palliative Performance Scale (PPSv2)
 version 2**

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity <i>with</i> Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

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