

# Hospice Sign on Visit

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## **Discussion for all admissions must include:**

1. Explanation of benefits including medication coverage criteria.
2. Hospice philosophy.
3. Role of SN, MSW, Chaplain, HCA and volunteer.
4. Obtain patient History of present illness.
5. Goals of patient/family.
6. Explain meds for comfort.

## **Get signature on paper forms:**

- a) Notice of Election
- b) MA Election for all MA residents
- c) Verification of Reimbursement (VOR) for SNF only.

## **Hospice nurse Visit Note**

1. Review of systems as appropriate- always assess pain, bowel status, skin integrity.
2. Vital signs
3. Lung/edema.

## **Narrative Note**

Order Comfort Kit as needed.

Clinical Orders

1. Enter DNR if appropriate.
2. Enter RN to pronounce.

Diagnosis-Accept diagnoses and move hospice DX to 1<sup>st</sup> position. Related dx (such as mets) move to second position.

Attributes- Enter Location and Level of care.

Med Rec- Accept current med list and add Comfort Kit as appropriate.

## **Calls to make:**

1. **Primary MD**
  - a) Confirm terminal prognosis of less than 6 months.
  - b) Obtain order for Meds- Comfort kit and Medications to be DC'd ( when able)

- c) Get order for any equipment required (Always confirm with Manager any special supplies that may be needed).
- 2. **Comfort Kit**- call Long Term Pharmacy to order.
- 3. Equipment- Call HCS
- 4. Care Team- Leave voicemail at 978-552-4050, X310. Inform of admission status , any special needs, and whether or not a visit is needed nest day.
- 5. Facility patients- communicate with MSW or case managers to inform of hospice Admission
- 6. **Medical director**- Inform of admit and confirm Hospice Dx and terminal prognosis of less than 6 months.

Sign visit and POT.