

Intake and monitoring checklist.

Patient's name (DOB):

Age and terminal Dx:

Attending/Prescriber name and contact:

Backup provider name and contact:

Patient communication needs (interpreter needs, hearing or speaking needs):

Location: home, SNF, B&C, ALF, short-term rental, shelter

People: Family, loved ones, caregivers, significant others:

Eligibility Status:

- Verbal requests completed or planned

- Consulting provider visit completed or planned

- Written request completed or planned

- Information provided about the procedure

- Rx filled/held (at which pharmacy?) or Rx filled/delivered (in lockbox?):

General: planned location (facility aware?), timing (any urgency?)

Contingency (non-aid-in-dying) plans: what care might be needed, who will provide it

Beside care: Who will be there, prepare meds, manage non-oral routes if needed, and pronounce

Expected route and ability to complete self-ingestion:

- Oral: able to swallow 2-4oz, tolerate bitter burning sensation?

- Non-oral (PEG, rectal, ostomy): able to empty syringe or preferred method? Retain enema?

GI function:

- Intake (fluids and foods), N/V, meds used to control

- Bowels: BMs, constipation or diarrhea, meds used to control

- Urine output (color, general quantity)

- History of cachexia, extreme fitness, ascites, GI obstructions?

Cognitive function:

- Orientation, sedation,

- Can communicate understanding of disease, prognosis, treatment options, and aid in dying?

Medication use: especially opioids and benzodiazepines, other sedating meds

Current Condition: baseline vitals, disease progression, any signs of active phase of dying

Palliative needs: uncontrolled symptoms or discuss, and plans to address

Family needs: consensus, acceptance, grief needs

Other concerns or needs: