

Intake and monitoring checklist

Patients name:

Age and terminal Dx:

Attending/Prescriber name and contact:

Backup provider name and contact:

Interpreter or other communication needs:

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

Family, loved ones, significant others:

Eligibility Status:

Verbal requests completed or planned:

Consulting provider visit completed or planned

Written request completed or planned

Information provided about procedure

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

General location and plans (if any) or sense of urgency:

General details (who will be there, prepare meds, remain bedside):

Contingency (non-aid-in-dying) plans:

Expected route and ability to complete self-ingestion:

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

Non-oral (PEG, rectal, ostomy): able to press plunger to empty 60mL syringe? Retain 2 oz in GI tract?

If needed which provider will assess patient, insert and manage catheter?

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

Can communicate understanding of disease, prognosis, treatments options, and medical aid in dying?

Medication use:

Opioid use

Benzo

Other sedating meds

Baseline vitals:

Current prognosis/disease status, or progression toward active dying of phase:

Palliative needs, uncontrolled symptoms, and plans to address:

Family Consensus, acceptance, needs:

Family and patient and patient grief needs:

Other concerns: