



Last Name	
First Name	
Date of Birth (yyyy-Mon-dd)	PHN #
Address	
City/Town	Phone #

Expected Death in the Home

Home care case manager completes this form with the patient and family.

Page 1 is required and page 2 is optional. Page 1 is to be placed on the Home Care Chart and yellow copy in Green Sleeve which remains with the patient. The patient/family can give the yellow copy of page 1 to a funeral home in advance (*if desired by patient/family and if a funeral home has been pre-selected*) or give the yellow copy of the form to funeral home staff after death has occurred. Page 2 is for the family. Pre-selection of a funeral home is not required.

Funeral Home, Emergency Medical Services (EMS), Law Enforcement and/or Office of the Chief Medical Examiner refer to this section.

Information for Service Providers

Do not call 911 to notify the ambulance or police for patients with an M1, M2, C1, or C2 GCD.
Call 911 for patients with an R1, R2, R3 or no GCD order.

For pediatric patients, please contact Pediatric ASSIST (Aid for Symptoms and Serious Illness Support Team) north/Edmonton (780-407-8822) or south/Calgary (403-955-5502) or primary care provider as below.

In Alberta, when expected deaths of palliative and end-of-life patients occur at home as a natural result of their progressive, life limiting/threatening illness, it is not necessary to involve the police or medical examiner. It is also **not** necessary for a healthcare provider to pronounce death at home.

Death is an expected or natural outcome of this patient's illness. Home is the preferred location of death.

This form will enable the funeral home to remove the deceased body prior to signature of the Medical Certificate of Death.

Palliative and end-of-life care diagnosis

■ Is this patient known or suspected to be infected with a communicable disease?

No

Yes ▼

Schedule 1 (*anthrax, plague, smallpox, infectious pulmonary tuberculosis, rabies, yellow fever, transmissible spongiform encephalopathies (including Creutzfeldt-Jakob disease), viral hemorrhagic fevers*)

Schedule 2 (*AIDS, hepatitis B, hepatitis C, HIV, invasive group A streptococcal infection, typhus*)

Other (*eg. influenza, pneumococcal, hepatitis A, meningitis*)

Please Specify _____

Unknown

Comments or additional information (*if any*) _____

Attending Physician Contact Information

Physician Last Name

Physician First Name

Phone Number

Phone Number After Hours

Home Care Case Manager

Last Name

First Name

Phone

Date (yyyy-Mon-dd)

Signature (*Home Care Case Manager*)

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Comments or additional information (*if any*) _____

Attending Physician Contact Information

Physician Last Name	Physician First Name
Phone Number	Phone Number After Hours

Home Care Case Manager

Last Name	First Name
Phone	Date (yyyy-Mon-dd)
Signature (<i>Home Care Case Manager</i>)	

Expected Death in the Home

Information for the Family

Note - page 2 contains information for the family and is optional to complete.

What to do when death occurs

<p>1. Do not call 911 to notify the EMS or law enforcement for patients with an M1, M2, C1 or C2 GCD.</p> <p>Call 911 for patients with an R1, R2, R3 or no GCD order.</p>	<p>In Alberta, when expected deaths of palliative and end-of-life patients occur at home as a natural result of their progressive, life limiting/ threatening illness, it is not necessary to involve EMS, law enforcement, or medical examiner. It is also not necessary for a health care provider to pronounce death at home.</p> <p>For pediatric patients, please contact Pediatric ASSIST (Aid for Symptoms and Serious Illness Support Team) north/Edmonton (780-407-8822) or South/Calgary (403-955-5502) or primary care provider as below.</p>								
<p>2. Call Home Care</p>	<p>Mon. - Fri. Regular hours _____ Phone _____ After hours _____ Phone _____</p> <p>Sat. - Sun. Regular hours _____ Phone _____ After hours _____ Phone _____</p>								
<p>3. Call Eye/Tissue Donation Program (if desired)</p>	<p>If eye/tissue donation is desired, contact the appropriate program immediately after the death has occurred. It is best to connect in advance with the program during the pre-planning phase. Note that eye/tissue donation is not possible for individuals of age 81 years and older.</p> <p><input type="checkbox"/> Northern Alberta Comprehensive Tissue Centre – (866-407-1970)</p> <p><input type="checkbox"/> Southern Alberta Organ and Tissue Donation Program – (403-944-1110) <i>(ask to have the Donor Coordinator paged)</i></p>								
<p>4. Call other support people if needed</p>	<table border="1"> <thead> <tr> <th data-bbox="630 1125 1057 1167">Name</th> <th data-bbox="1057 1125 1578 1167">Phone</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Phone						
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<p>5. Call physician (if needed/ desired)</p>	<p>If your physician has indicated he or she would like to be notified at the time of death, call him or her at the number provided.</p> <p><input type="checkbox"/> Not applicable - physician does not want to be notified at the time of death.</p> <p>Physician <i>(Last Name, First Name)</i></p> <table border="1"> <tr> <td data-bbox="630 1587 1000 1661">Phone - Regular Hours</td> <td data-bbox="1000 1587 1578 1661">Phone - After Hours</td> </tr> </table>	Phone - Regular Hours	Phone - After Hours						
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<p>6. Call the Funeral Home</p>	<p>You may want the body to remain in the home for a little while. Some families have rituals to perform; others just want time to say goodbye. Let the funeral home know when you want them to come. Funeral home staff is available 24 hours a day.</p> <p>Name of funeral home</p> <p>Contact Name <i>(if known)</i></p> <table border="1"> <tr> <td data-bbox="630 1934 1057 2003">Phone</td> <td data-bbox="1057 1934 1578 2003">Fax</td> </tr> </table>	Phone	Fax						
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