Adapted from the Winnipeg Regional Health Authority

IMPORTANT: A hard copy of this care plan should be sent home with the patient/ family/SDM along with extra copies for the key health contacts in their community (e.g. Home & Community Care Program, Nursing Station).

Name: Address: DOB: PHIN: OHIP: Treaty Number: Substitute Decision Maker: Allergy:

Diagnosis:

History:

Overall Approach to Care: (Include info re: comfort focused approach, DNR, , awareness of life expectancy, whether or not pt/family/community would consider transfer out of community or if goal is to remain at home)

Medications at time of transfer:

a) Scheduled Medications:

b) As Needed Medications:

(using generic name with trade name in brackets)

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Possible Symptoms and Suggested Care:

Possible symptoms that **may** be experienced and the way to manage them are listed in the chart below.

SYMPTOMS	MEDICATIONS TO HELP	OTHER WAYS TO HELP
	Scheduled pain reliever:	
Pain or Shortness of Breath		Other helpful ways to relieve
	Extra pain reliever as needed:	 pain: changing positions or moving / turning the person using hot or cold packs for
	Comments: Pain medications are used to relieve pain, improve comfort and/or decrease feelings of shortness of breath.	 short periods as tolerated (not to be used over medication patch) help the person to think about something else (meditation / prayer, telling a story, watching television)
	** If more than three or four extra doses are needed in a day, call your nurse or doctor for advice (dose may need adjusting)	- pain medications can slow the bowels and laxatives are often needed to go to the bathroom regularly
		Other helpful ways to relieve shortness of breath: -raise the head of bed -open window or have a fan to increase air movement -cool cloth on forehead -stay with person – calm soothing voice to help them relax or perhaps help them to think about something else
Pain or Shortness of Breath caused by activity		Plan ahead when preparing to move – give pain medication 30 minutes prior to activity so that the medication has time to start working. It will lessen pain or shortness of breath during the activity.
		Offer help with moving Pace yourself – take rest as needed Use equipment to make

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	movement easier (walker for
	walking, raised toilet seat)
	shorten distances (commode at
	the bedside)
Feeling nervous or	Other helpful ways to relieve
worried (which can	nervousness:
be made worse by	- practice ways to relax
pain or shortness of	(focusing on controlled
breath)	breathing, meditation, prayer,
	thinking about something else,
	music)
	- talk about what is worrying the
	person and ask for help if more
	support is needed
	- stay with the person to calm
	him / her
	- turning / changing position
	- turning / changing position
Confusion (strange	Other ways to help confusion
thoughts and fears)	and restlessness:
thoughts and rears)	
	- comforting, familiar
	surroundings
	- clock and / or calendar to keep track of time
	- soothing, gentle voice
	- if the person is confused, they
	may say or do things that feel
	hurtful – remember, this is the
	disease and not in the person's
	control – acknowledge their
	fears and use medications to
	help them feel more calm.
Taking care of	Medications and illness can
bowels	cause the bowels to move slowly
	making the stool hard and
	difficult to pass
	Bowel medications can help to
	keep them moving more
	regularly (a person should have
	a bowel movement at least every
	three days)
Feelings of Nausea	Other ways to help with upset
or vomiting (upset	stomach:
stomach / throwing	- have the person "listen to their
up)	body" and eat or drink only
	what they want
	- bland foods like rice, bread,

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	and crackers are sometimes
	easier to take
	- try many small meals rather
	than big meals
	- if sudden vomiting or severe
	belly pain and not able to pass
	gas or stool, call your nurse.
Noisy bubbling	As a person gets weaker it is
breathing when too	more difficult for them to clear
weak to cough	phlegm. Often they are not
	aware of this noisy breathing
	(like snoring) but it can be hard
	for family to hear. Repositioning
	can also help.
Care at Home	

Care at Home

SERVICE	CONTACT(S)	SCHEDULE
Nursing assessments		
Personal Care / Respite Care Support from Friends, Family,		
Community Members (including specific info re: who, when, things they may be expected to do while caring for the patient – i.e. meals, medication administration,		
personal care)		

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ADDITIONAL	CONTACT(S)	INSTRUCTIONS
REQUIREMENTS		
Equipment		
(walker, oxygen, hospital		
bed, etc)		
Dressing changes, catheter,		
central line care, etc		
(frequency of care, supplies		
required, who will provide / re-order supplies as needed)		
re-order supplies as needed)		
Medication Safety		
(who will order		
medications, through what		
pharmacy, how will meds be dispensed, is nursing		
prep needed – i.e. drawing		
medication in syringes, who		
will administer, how will we		
keep track of medications		
given, how will medications		
be stored)		
Feeding/Hydration/Nutrition		
Any other special care needs		
(sharing of personal health		
information, safety plans,		
home environment, etc)		
What to Expect on Illness		
What to Expect as Illness Progresses		
1102103505		

Care Plan for Discharge to First Nations Community 2017

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Limitations / considerations re: care that can be provided in the home:
Health Care Team Contact Information:
Nursing Station / Health Center info:
Home and Community Care team info:
Primary physician (prescriber) involved in care:
Pharmacy:
Other providers (oncologist, nephrologist, palliative care physician, etc):
Regional Palliative Care Telemedicine Consultant:
North West LHIN 24-7 Palliative Care Consult Service:
A palliative care nurse is available at 1-844-343-2476 (toll free) to provide advice and support to the
primary care team 24hr/day, 7 days per week.
Palliative Pain & Symptom Management Consultant (North West CCAC):
Canadian Virtual Hospice: <u>www.virtualhospice.ca</u> for information / written resources