

A. PALLIATIVE CARE PHYSICIAN CONSULTANT	B. AHS CENTRAL ZONE PALLIATIVE CARE PROGRAM	C. AHS HOME CARE PALLIATIVE CARE TEAM	D. ONCOLOGY NAVIGATION
<p>Need: Patient/Client requires urgent symptom assessment and intervention</p> <p>Family Physician Referral</p>	<p>Need: Patient/Client requires non-urgent symptom assessment and intervention</p> <p>Family Physician or Healthcare Provider/Self Referral</p>	<p>Need: Patient/Client would benefit from ongoing monitoring of symptom, equipment needs, personal care assistance and support</p> <p>Family Physician or Healthcare Provider/Self Referral</p>	<p>Need: Patient/Client with new cancer diagnosis would benefit from information/resource support</p> <p>Family Physician or Healthcare Provider/Self Referral</p>
<p><input type="checkbox"/> Call Laurel Mitty @ 780.608.5870 (No referral form)</p>	<p><input type="checkbox"/> Call Trish Delisle @ 780.608.4942 or complete and fax referral form on PCN referral database</p>	<p><input type="checkbox"/> Call Trish Delisle @ 780.608.4942 or complete and fax referral form on PCN referral database</p>	<p><input type="checkbox"/> Call Trish Delisle @ 780.608.4942 or complete and fax referral form on PCN referral database</p>
<p><input type="checkbox"/> Appointment booked with Palliative Care Physician (Dr. Slabbert)</p>	<p><input type="checkbox"/> Appointment scheduled with Palliative Care Nurse Consultant to meet and assess the patient/client</p>	<p><input type="checkbox"/> Patient/Client registered with Home Care Palliative Team</p>	<p><input type="checkbox"/> Patient/Client registered with PCN Nurse Navigator</p>
<p><input type="checkbox"/> Dr. Slabbert completes assessment with Patient/Client</p>	<p><input type="checkbox"/> Palliative Care Nurse Consultant completes assessment</p> <p><input type="checkbox"/> May discuss Patient/Client medication needs/recommendations with Dr. Slabbert</p>	<p><input type="checkbox"/> Home Care Palliative Care Nurse completes general palliative physical assessment</p> <p><input type="checkbox"/> Patient/Client may be discussed with Home Care Palliative Care Multidisciplinary Team at weekly community rounds</p>	<p><input type="checkbox"/> Trish Delisle may discuss Patient/Client concerns/needs re physical, emotional and financial challenges that come from a cancer diagnosis</p> <p><input type="checkbox"/> Guidance to resources/support services in the community</p>
<p><input type="checkbox"/> Recommendation letter prepared/provided or discussion with referring family physician that may include:</p> <ul style="list-style-type: none"> ✓ Dr. Slabbert's Assessment ✓ Referral to AHS Central Zone Palliative Care Program ✓ Referral to Home Care ✓ Medication(s) and Care Plan recommendations 	<p><input type="checkbox"/> Recommendation letter prepared/provided to Patient/Client's attached family physician that may include:</p> <ul style="list-style-type: none"> ✓ Palliative Care Nurse Consultant's Assessment ✓ Referral to Home Care ✓ Referral to Community Provider(s) ✓ Medication(s) and Care Plan recommendations 	<p><input type="checkbox"/> Recommendation letter prepared/provided to Patient/Client's attached family physician that may include:</p> <ul style="list-style-type: none"> ✓ Home Care Nurse's/Team's Assessment ✓ Referral to AHS Central Zone Care Program ✓ Medication(s) and Care Plan recommendations 	<p><input type="checkbox"/> Follow up letter prepared/provided to attached family physician to notify:</p> <ul style="list-style-type: none"> ✓ Patient/Client is Requesting/Receiving Support ✓ Referral to Healthcare/Community Providers
<p><input type="checkbox"/> Family physician may continue to manage care of Patient/Client or transfers care to Dr. Slabbert</p>	<p><input type="checkbox"/> Family physician may continue to manage care of Patient/Client or transfers care to Dr. Slabbert</p>	<p><input type="checkbox"/> Family physician may continue to manage care of Patient/Client or transfers care to Dr. Slabbert</p>	<p><input type="checkbox"/> Family physician continues to manage care of Patient/Client</p>