

Expected Death in the Home

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

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, EMS, Police/RCMP 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.

In Alberta, when expected deaths of palliative and end of life patients occur at home as a natural result of their progressive, terminal illness, it is not necessary to involve the police or Medical Examiner. It is also **not** necessary for a health care provider to pronounce death at home.

Death is 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 (<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 ambulance or police.</p>	<p>In Alberta, when expected deaths of palliative and end of life patients occur at home as a natural result of their progressive, terminal illness, it is not necessary to involve the police or Medical Examiner. It is also not necessary for a health care provider to pronounce death at home.</p>									
<p>2. Call Home Care</p>	<p>Mon. - Fri. Regular hours _____ Phone _____ After hours _____ Phone _____ 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 1119 1057 1163">Name</th> <th data-bbox="1057 1119 1578 1163">Phone</th> </tr> </thead> <tbody> <tr> <td data-bbox="630 1163 1057 1228"> </td> <td data-bbox="1057 1163 1578 1228"> </td> </tr> <tr> <td data-bbox="630 1228 1057 1293"> </td> <td data-bbox="1057 1228 1578 1293"> </td> </tr> <tr> <td data-bbox="630 1293 1057 1360"> </td> <td data-bbox="1057 1293 1578 1360"> </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 1591 1000 1661">Phone - Regular Hours</td> <td data-bbox="1000 1591 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 1942 1057 2007">Phone</td> <td data-bbox="1057 1942 1578 2007">Fax</td> </tr> </table>		Phone	Fax						
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