

# Planned Death At Home (PDAH) Form

*\*Complete two copies*

## SECTION 1

### CONSENT & PHYSICIAN CONTACT INFORMATION

I, \_\_\_\_\_, have discussed and understand my health status and prognosis with my physician, \_\_\_\_\_.  
**Patient's name – Print** **Physician name - Print**

I request to have comfort (palliative) measures only, including interventions or therapies considered necessary to provide comfort and alleviate pain.

\_\_\_\_\_ has been appointed as the substitute decision-maker in the event the above named patient is incapable  
**Print - Name & Relationship (POA, SDM)**  
of making, or understanding their own health care decisions.

\_\_\_\_\_  
**Patient's signature** **Date (DD/MM/YY)** **Substitute Decision-Maker signature** **Date (DD/MM/YY)**

\_\_\_\_\_  
**Responsible Physician Name** **Tel # (contact to advise of death)** **Fax #** **Cell # (Telehealth # not acceptable)**  
(see over for agreed responsibilities – do not place physician contact information above prior to physician agreeing to conditions on reverse)

\_\_\_\_\_  
**Alternate Physician/Group** **Tel # (contact to advise of death)** **Fax #** **Cell # (Telehealth # not acceptable)**

\_\_\_\_\_  
**Nurse who obtained verbal MD agreement** **Signature & Date** **Agency** **Telephone**

## SECTION 2

### DO NOT RESUSCITATE ORDER

- DNR-c Form completed and in home**  
 **Family aware to call nursing agency at time of death (not 911)**

## SECTION 3

### FUNERAL HOME INFORMATION

\_\_\_\_\_  
**Funeral Home** **Address** **Contact Person - Print**

\_\_\_\_\_  
**Telephone #** **Fax #**

## SECTION 4

### DISTRIBUTION OF PLANNED DEATH AT HOME FORM

**FAXED to:**  Funeral Home  MH LHIN (905 855 8989)  Physician

**If completing in hospital or MD office** (2 copies): Fax to – MH LHIN , Funeral Home, Physician  
Give both (2) copies to patient /SDM to take home and place in patient's home chart.

**If completing in patient's home** (2 copies): **Copy 1:** Leave in patient's home  
**Copy 2:** Fax to–MH LHIN, Funeral Home, Physician then **return** to patient's chart in home



## PLANNED DEATH AT HOME PROGRAM

The first 4 sections of the Planned Death at Home form **must be completed** to confirm a Planned Death at Home is in place.

### Section 1:

- Responsible physician must be aware that by participating in the planned death at home program, they are agreeing to the following:
  - a) To be available for contact 24/7, or arrange alternate physician coverage in the event of client's death.
  - b) To complete the death certificate and make available to the funeral home within 24 hrs. of death.
  - c) To ensure covering/alternate physician, if utilized, is aware of above expectations. Therefore, Telehealth is not an acceptable solution for coverage.
- **Do not place physician contact information in section 1 prior to physician agreeing to above conditions.**

### Section 2:

- DNR-c must be in place to qualify for Planned Death at Home Program.

### Section 3:

- Funeral home must be made aware and agree to participation in this program.
- Funeral home is responsible for picking up death certificate from physician unless other arrangements have been made.

### Section 4:

- When sections 1-4 are completed, fax a copy to funeral home, MH LHIN and physician.
- MH LHIN to fax to other agencies involved in patient's care.

### Section 5:

- Nurse to complete this section at time of death.
- Copy 1 to accompany body to funeral home.
- Copy 2 fax to MH LHIN, original for agency records
- Nurse calls MH LHIN and Physician to inform of death.

### **Completion of this form in the hospital:**

MH LHIN Hospital Care Coordinator to fax form to the MH LHIN office, Funeral Home (if known) and to participating physician. Two copies are given to the patient/SDM to take home to place in the patients chart.

### **Completion of this form in the Physician's office:**

Physician meets with the client/family/SDM to initiate Advance Care Planning. If patient/SDM has decided he/she does not want any resuscitation and wishes to die at home then DNR-c form must be completed. Nurse will contact physician when they have pronounced. Physician agrees that he/she will sign the death certificate and make available to funeral home within 24 hours after death.

**Important note:** Signing over to **Telehealth** on off duty hours is a **contraindication** for having a Planned Death at Home form completed. Physician is encouraged to discuss with colleagues if there is an opportunity for working together for the patient/family to allow this natural process to take place