



WELCOMING CRITERIA IN PALLIATIVE CARE FOR END OF LIFE

Name of patient : _____

❖ I agree that no cardiopulmonary resuscitation (CPR) will be performed at La Maison des Collines. Care level D has been decided and clarified with myself and my relatives.

Initials _____

❖ To be welcomed at La Maison des Collines:

- I must be 18 or older;
- A survival prognosis of 3 months or less has been established by a doctor and will be attached to the admission request;
 - The prognosis can be validated by the use of an objective and recognized scale if necessary.

Initials _____

❖ I understand that I will be responsible for the cost of my medication through my private insurance or provincial insurance (RAMQ)

Initials _____

❖ I am informed of my condition and I accept the palliative aim. I understand that care is based on a whole person approach, which includes my physical, psychological, social and spiritual needs, and support will be offered to my loved ones.

- There will be no medical examination unless deemed necessary by the doctor;
- No transfer to hospital unless necessary for specialized pain or symptom management and under doctor's orders (e.g. immobilizing a fracture).

Initials _____

❖ In the event that my state of health stabilizes and the duration of the stay extends to more than 12 weeks, there could be a reassessment, followed by a relocation to a living environment adapted to my needs. This reorientation could be done in the shorter term, if deemed appropriate.

Initials _____

❖ In accordance with the Act on End-of-Life Care, medical assistance in dying may be provided at Maison des Collines. I understand that I must meet all the criteria determining my eligibility to receive this care following the two medical evaluations required by law. I also understand that a minimum period of time (24 to 72 hours) must be allowed for the professionals at Maison des Collines to complete the necessary preparations. It is also possible that the placement of a central intravenous line at the Hull Hospital may be necessary, at the discretion of the professionals at Maison des Collines.

Initials _____

By signing this document, I understand and consent to all of the above welcoming criteria.

Signature of the patient or mandate holder or natural caregiver

Date

Signature of the healthcare professional involved

Date