



Connecting you with care  
Votre lien aux soins

**CCAC** **CASC**  
Community Care Access Centre  
Centre d'accès aux soins communautaires

# Pediatric Palliative Communication Tool

Name \_\_\_\_\_

Parents/  
Guardians \_\_\_\_\_

Address \_\_\_\_\_ HCN # \_\_\_\_\_

Phone # \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_

Diagnosis \_\_\_\_\_

Prognosis \_\_\_\_\_

Has prognosis been discussed with family? \_\_\_\_\_

By whom and what was discussed? \_\_\_\_\_

Health History

Current Health Status

Lead Physician/Treatment Site \_\_\_\_\_

Family Physician \_\_\_\_\_

Pediatrician \_\_\_\_\_

Local Contact for Palliative Care \_\_\_\_\_



Community Care Access Centre  
Waterloo Wellington



**Current Services Involved in Waterloo Region:**

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CCAC Pediatric Team       Case Manager \_\_\_\_\_  
Phone # (519) 748-2222 extension \_\_\_\_\_

Primary Visiting RN \_\_\_\_\_  
Phone # \_\_\_\_\_

Hospice of Waterloo Region:       Contact \_\_\_\_\_  
Phone # \_\_\_\_\_

Grand River Hospital Children's Outpatient Clinic:       Contact \_\_\_\_\_  
Phone # \_\_\_\_\_

Contact \_\_\_\_\_  
Phone # \_\_\_\_\_

Cambridge Memorial Hospital Outpatient Clinic:       Contact \_\_\_\_\_  
Phone # \_\_\_\_\_

Palliative Pain and Symptom Management Team:       Contact \_\_\_\_\_  
Phone # \_\_\_\_\_

Interlink Nurse:       Contact \_\_\_\_\_  
Phone # \_\_\_\_\_

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Partially Completed Death Certificate  If a copy of this form and a partially completed, unsigned death certificate is in the home, there is no need for the RN/RPN or family to call an ambulance or police in the event of the client's death. If there are any questions, please contact Waterloo Wellington CCAC.

Other Direction: Funeral Home        
   Autopsy        
   Organ Donation     

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Plan: (Advanced Directives)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



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