



Disclaimer: The following consultation workup form will serve as the foundation for an interactive consultation process which includes a review of the patient specific medical information presented at the time of consultation, your assessment findings, critical thinking, and best practice. Recommendations resulting from this consultation process **do not constitute treatment orders** from a registered prescriber and should not be used as such.

For assistance using this form, email hpcinfo@hospicewaterloo.ca

Note: Links are included for your reference only.

Patient/Resident Information:		
Initials:	Age:	Organization:
Allergies:		
Most responsible prescriber (MD/RN-EC):		
S – Situation		SBAR Tool
<p>Would you be surprised if this patient/resident were to die in the next 12 to 24 months? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Early Identification Guide</p> <p>Brief description of present issue:</p>		
B – Background		
Life limiting condition(s):		
PPS:		
Relevant medical history:		

A – Assessment <u>Pain Assessment Tools</u>	
Presenting Symptom	
Onset When did it begin? How long does it last? How often does it occur?	
Palliating/Provoking/Precipitating What brings it on? Makes it better/worse?	
Quality What does it feel like?	
Region/Radiating Where is it? Does it spread anywhere?	
Severity What tool is being used? Numeric? PAINAD? Average, worst, best scores?	
Treatment Current medications/treatments	
Understanding What do you believe is causing this symptom?	
Values Comfort goal? What is important to patient/family?	
R – Recommendation	
<i>Recommendations emerge through an active dialogue between the Palliative Nurse Consultant (PNC) and health care team members.</i>	
Team member to connect with:	
Best method to connect (phone/email):	

Additional Notes