

## Enrollment in the Special Patient Program Form

### Preamble:

*When complete, this constitutes a legally valid physician order (when signed by the Provincial Medical Director) for EHS paramedics, for care of the individual named in this document. This complements any existing Advance Directive but is not intended to replace that document. A patient with capacity for health care decisions can, at any time, request alternative treatment or revoke the plan outlined in this form. A legally recognized substitute decision maker can also do so, based on the desires of the patient or if unknown, acting in the patients' best interests if the patient lacks capacity.*

### Demographics

<b>1. Is this a:</b>	New Enrollment	Update/revision → SPP # <small>(also complete patient's name, birth date &amp; health care number)</small>
<b>2. Patient's name:</b>	First:	Middle: Last:
<b>3. Gender identity:</b>		
<b>4. Date of Birth:</b>	(mm/dd/yyyy)	
<b>5. Health card number:</b>		
<b>6. Patient's mailing address:</b>	Street: City:	Province: Apartment/unit: Postal Code:
<b>7. Patient's physical address (if different from above):</b>	Street: City:	Province: Apartment/unit: Postal Code:
<b>8. Patient telephone:</b>	Home telephone:	Cell/Alternate:
<b>9. A) Next of kin:</b>	Name: Home telephone:	Relationship: Cell/Alternate
<b>B) Next of kin:</b>	Name: Home telephone:	Relationship: Cell/Alternate
<b>10. A) Substitute decision maker (if applicable)</b>	Name: Relationship:	Tel:
<b>B) Substitute decision maker (if applicable)</b>	Name: Relationship:	Tel:
<b>11. Current contact for provider <u>submitting</u> this application form</b>	Name: Phone: Email:	Title: Fax:
<b>12. Contact for <u>regular business</u> hours palliative provider/team/physician</b>	Name: Phone: None should be contacted	Title: Alternate phone
<b>13. If available, contact for <u>afterhours</u> palliative provider/team/physician</b>	Name: Phone: No after hours palliative care provider available (or none should be contacted)	Title: Alternate phone
<b>14. Who was involved with decision-making regarding the wishes in this enrollment form? (check all that apply):</b>	Patient (has decision-making capacity) Patient's family/caregiver Patient (does not have decision making capacity)	Substitute decision maker Other
<b>15. Specific religious or cultural wishes/considerations:</b>		

### History

<b>16. Allergies:</b>	None known
<b>17. Medications:</b>	Current medication list available in the home chart If no home chart, please list medications:
<b>18. Past medical history:</b>	Current diagnosis category: Specific diagnosis:  Expected event(s)/risk(s):  Notable concerns with blood work (hemoglobin, calcium, etc.):

## Cardiac arrest (if patient has no pulse and is not breathing)

<b>19. Choose one:</b>	Attempt resuscitation/CPR/ artificial ventilation	Allow natural death/ do not attempt resuscitation
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## Medical Interventions

**20. A) Determining a ‘Goals of Care Designation’ (if patient is not in cardiac arrest/has a pulse) – please check off ONE:**

<b>F - FULL</b>	<b>S – SELECTIVE</b>		<b>C - COMFORT</b>	
<b>Goal:</b> Prolonging life by all medically effective means	<b>Goal:</b> Treating acute, reversible conditions while avoiding burdensome measures		<b>Goal:</b> Maximizing patient comfort	
<b>Aim:</b> Investigations/ interventions aimed at cure or control of illness	<b>Aim:</b> Investigations/ interventions aimed at symptom control and treatment of reversible conditions		<b>Aim:</b> Interventions are for maximal symptom control and maintenance of function without cure or control of underlying condition	<b>Aim:</b> Interventions for physical psychological and spiritual preparation for imminent death with comfort and dignity
<b>F1</b>	<b>S1</b>	<b>S2</b>	<b>C1</b>	<b>C2</b>

**B) The following in the selected category maybe considered unless otherwise specified (please note you may uncheck specific items to remove them as interventions to be considered)**

<b>F1</b>	<b>S1</b>	<b>S2</b>	<b>C1</b>	<b>C2</b>
Use as indicated: Full resuscitation Intubation Airway interventions Mechanical ventilation Chest compressions	Use as indicated: Intubation for airway/respiratory conditions, NOT for cardiac arrest Non-invasive positive airway pressure Treatment for arrhythmia IV access Transfer to hospital or an Acute Care Facility for diagnosis and treatment Antibiotics Surgical intervention may be considered in circumstances to better understand or control symptoms	Use as indicated: Non-invasive positive airway pressure Treatment for arrhythmia IV access Transfer to hospital or an Acute Care Facility for diagnosis and treatment Antibiotics Surgical intervention may be considered in circumstances to better understand or control symptoms	Use as indicated: Oxygen Suctioning Manual treatment of airway obstruction Medications for pain and suffering Transfer may be undertaken in order to better understand or control symptoms Surgery may be undertaken in special circumstances to better understand or control symptoms Maximal efforts directed at compassionate symptom control In the event of an expected event/ symptom/situation, ambulance is to respond without lights and sirens if possible (note this response may result in a different triage level) – uncheck if you want normal triage procedures which may result in a higher acuity response	Use as indicated: Medications for pain and suffering Treatment of symptoms within the context of patient goals Maximal efforts directed at compassionate symptom control Transport is usually not the goal but may in some cases be appropriate for treatment of uncontrolled symptoms or for family/patient preference of location of death In the event of an expected event/ symptom/situation, ambulance is to respond without lights and sirens if possible (note this response may result in a different triage level) – uncheck if you want normal triage procedures which may result in a higher acuity response

**C) Please provide any unique care instructions or therapeutic protocols such as specific directions or appropriate therapy for breathlessness, specific measures for pain control, restlessness, nausea/vomiting, etc.**

Unique care instructions/therapeutic protocols:

<b>Organ donation:</b>	Yes	No	Unknown
<b>Tissue donation:</b>	Yes	No	Unknown

## Special Request for Transportation

### 21. Transport:

Please note: Transport decision are dictated by EHS Trip Destination Policy #6120 and only under specific circumstances can a change to this policy be made (e.g., specific circumstances may include a specific health situation, test, equipment or service can only be provided at a particular facility, please note that patient/family preference would not fall within this category and thus EHS Trip Destination Policy #6120 would apply).

Where:

Rationale (transport if...):

## Environment & Psychosocial Needs (Palliative Patients ONLY)

22. Preference for place of death:	At home	In hospital	Unknown
23. Preferred location of care:	At home	In hospital	Unknown
24. A) Funeral home:	Name:		Unknown
	Telephone:		
B) Which doctor has agreed to complete death certificate?	Name:		Unknown
	Telephone:		

### 25. Additional details:

**I HAVE DEVELOPED AND REVIEWED THIS CARE PLAN WITH THE PATIENT/FAMILY/SUBSTITUTE DECISION MAKER**

**THE PATIENT GIVES PERMISSION TO SHARE THIS CARE PLAN WITH THE EMERGENCY DEPARTMENT**

#### General Guidelines:

- Directives should include medical and plain language terminology. The directive should be about the specifics of treatment itself not the location where it might take place. In the absence of specifics, usual care applies.

## HOW TO SUBMIT FORMS TO EHS

**COMPLETED FORMS** may be sent to Tanya Fraser securely via “SEND ENVELOPE” (please note: fax and mailed applications will NOT be accepted):

### 1. Go to the secure SEND Envelope using your link

→ If you do not have link, please contact Tanya Fraser at [Tanya.Fraser@novascotia.ca](mailto:Tanya.Fraser@novascotia.ca) or call (902) 424-1729 (once you receive a link, you will use it for all SPP applications – this link will never change)

### 2. Upload your completed application form and click ‘send’

### 3. Updates are to be submitted using the same process (i.e. via the SEND Envelope)

→ Please check “update” in question #1 of the application, include the requested change as well as the patient’s SPP number, name, birth date and health card number for identification purposes

*Please allow 10 business days for SPP applications to be processed and cards issued by mail*