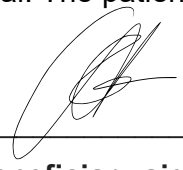
Hospice Admission Note

Hospice provider: Hast Community Hospice

Patient information	
Name: Anne Maree Wright	Medical ID: 09876543
Date of birth:	Date of admission: November 14, 2024
Primary family contact: James Wright (son)	Phone number: 0210456687
Secondary family contact: Suze Wright (sister)	Phone number: 0210434588
Primary care physician: Dr. Y Hannaway	Phone number: 027897897
Medical insurance policy number:	
Medical history	
Primary diagnosis:	Other relevant conditions or allergies:
Stage 4 bowel cancer	N/A
Current medications:	Recent hospitalizations and procedures:
Oxycodone	Open colectomy in 7/24 Ongoing chemotherapy treatments since 9/23 - patient has elected to stop chemotherapy

Admission nurse narrative

This is to certify that the patient Anne Maree Wright was diagnosed with bowel cancer, in August, 2023. The patient has received a medical prognosis of 10 weeks, as of 11 / 06 / 2024 and is therefore eligible for hospice care. The patient understands their prognosis and does not wish to return to hospital. The patient is seeking comfort measures only.



Beneficiary signature

November 13, 2014

Date

Please describe the patient's recent decline in clinical and functional status and any other factors that have let them to seek hospice care:

Patient has undergone palliative chemotherapy but cancer did not respond. Patient has also undergone multiple unsuccessful colectomies. Patient is seeking comfort & to unburden family.

Please describe, in detail, the patient's current condition and appearance (including symptoms, pain, vitals, weight, general ability and activities of daily living, mental status, affect, and any additional information).

Patient has suffered rapid weight loss (currently 56.5kg) and has low appetite. She is fairly lucid and positive. Face is sunken and pallid. Patient is unable to transfer or feed independently.

Please provide any additional information in support of the patient's referral to hospice care, including any relevant information about the wishes of the family:

Patient's son is opposed to hospice care.

November 13, 2024

Nurse signature **Date**

November 13, 2024

Primary care physician signature **Date**

Care preferences	
Advanced directives	N/A
Pain management preferences	Opioid pain management
Spiritual/religious needs	Catholic, family has asked priest to performlast rites.
Communication preferences	Patient prefers to chat to nurses, has asked to be spoken to when she is not able to hold a conversation
End-of-life care/ resuscitation wishes	DNR
Room preferences & personal belongings	family heirloom jewellery and own blanket. No room preferences.
Other	
Care requirements and ADL assistance	
Medication	controlled-release oxycodone
Appetite, dietary requirements and feeding assistance	very little appetite, enjoys fruit and can have soft biscuits. can chew independently but needs help getting food to her mouth.
Personal hygiene assistance	patient needs full assistance
Mobility requirements	Patient is not able to walk - family has asked take her outside 1x per day in wheelchair.
Toileting assistance	Uses catheter
Transferring assistance	patient needs full assistance
Other assistance or equipment	

Document type

Please tick which of the following hospice documentation has been attached:

- [x] Beneficiary election statement
- [x] Certification of terminal illness (CTI)
- [ ] Advanced care directives or living will
- [ ] Healthcare power of attorney
- [x] Insurance coverage
- [ ] Care plan
- [ ] Other (please specify): _____