

Surname:	First Name:	
CHRIS #:	Date of Birth (DD/MM/YYYY):	
HCN:	Version Code	

EXPECTED DEATH IN THE HOME CHECKLIST

Do Not Resuscitate (DNR) Type:	Agencies notified:	Agencies notified:		
DNR - Doctor's/Nurse Practitioner's (NP) order	Nursing Agency:	Nursing Agency:		
DNR - Patient's wish	Therapies:	Therapies:		
DNRC #	PSW Agency:	PSW Agency:		
	Other:	Other:		
	Date of notification:			
Contact Person:				
Name:	Home Phone:			
Relationship:	Work Phone:			
POA Substitute Decision-Maker	Cellular Phone:			
Physician/NP Section				
Responsible Physician/NP:	Office #:			
Name:		Inside Line #:		
	After Hour #s:			
Please indicate specific instructions according to yo	our preference.			
Primary Diagnosis:		_		
Secondary Diagnosis:		_		
In the event of a home death the following will be	e observed:			
Physician/NP will pronounce				
Physician/NP requests that nurse pronounce a funeral home	at home and is aware that medical certificate of c	death must be completed at		
Unable to contact physician/NP; nurse to follo				
Family instructed to call nurse at time of death Family instructed to call physician/NP at time				
Turning instructed to earr physician, it is at time	or acath			
Funeral Home:	[Funeral Director Notified		
Name:	Work Phone:			
Printed Name Si	gnature/Designation	Date (DD/MM/YYYY)		

Note: Nurses are to contact physician/NP to notify regarding death as per agency protocols and CNO guidelines or as per individual physician/NP request.