Jordan Pain Relief and Palliative Care Initiative

Name of Team Member: _____ Royal Medical Services Date: _____

Patient Name: MR#: Inpatient ❑ Outpatient ❑ Home ❑ Telephone ❑ Consult ❑ Attending ❑	What issues are active? **Physical** ❑: ECOG _____ Pain _____/ 10 Nausea ❑ Vomiting ❑ Constipation ❑ Dyspnea ❑ Delirium ❑ ↓LOC ❑ Wound ❑ **Psychological** ❑: Anxiety ❑ Depression ❑ Fear ❑ Suicidal ❑ **Social** ❑ **Spiritual** ❑ **Practical/caregiving** ❑ **Loss, grief** ❑ **EOL:** Life closure ❑ Legacy ❑ Dying ❑ Terminal delirium ❑ Gurgling ❑ What steps in the process did you address? 1. **Assessment:** Initial ❑ Followup ❑ 2. **Info sharing** ❑ Don't tell ❑ breaking bad news ❑ 3. **Decision making** ❑: Goals of care ❑ Advance directives ❑ Conflict ❑ 4. **Care planning** ❑ Discharge planning ❑ 5. **Care delivery** ❑ Education/training ❑ 6. **Confirmation** ❑	Other:	Notes:
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ECOG Performance Status

Grade	Criteria
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours
3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
5	Dead