HOME AND COMMUNITY CARE SUPPORT SERVICES

Central West

MEDICAL REFERRAL Fax: 905-796-4671

Phone: 905-796-0040 / 1-833-733-1177

Addressograph or Label

Confirmed Discharge Date: or within: ☐ 24 hrs ☐ 48 hrs ☐ 72 hrs ☐ Other										
Diagnosis:		Allergies:		Precautions: ☐ Contact ☐ Droplet/Contact ☐ Droplet ☐ Airborne						
				Reason for isolation:						
Prognosis (i.e. Months): Discussed Care Plan with Patient/Caregiver										
Discussed Care Plan with Primary Care Provider ☐ Yes ☐ No ☐ N/A										
Palliative Performance Scale (0-100%): % ☐Improve ☐Remain Stable ☐ Maintenance ☐ Deteriorate										
Service Requested Note: Eligible patients will receive nursing services within a clinic setting										
Nursing: Wound Care As per Integrated Wound Care Pathways										
Pilonidal Sinus		tic Foot Ulcer	Pressure Injury - Stage			ПМ	Maintenance/Chronic Arterial Ulcer			
 ☐ Venous leg Ulcer	Surgic		Lymphedema		☐ Non-Comple					
Cellulitis	Surgic	al Chronic					Other:			
Compression Therapy for VI	nts: (ABPI) Date:									
NOTE: Wound care products may be substituted with a comparable product based on Home and Community Care Support Services Central West supply list.										
Other-refer to Additional Orders										
☐ Nursing: Specialty		Rapid Response	Nurse NP	urse NP-Palliative-Reason for Referral to NP:						
☐ Nursing: General		☐ OstomyCare/teaching ☐ DrainCare/Teaching ☐ CatheterCare/Teaching ☐ En						nteral Feed		
_	☐ Palliative Care ☐ Symptom Management ☐ Other:									
ADDITIONAL ORDERS (attach additional information as needed):										
Drug			Dose		Route			Frequency		
☐ Nursing:	Duration		First dose given in		*Time of admin		stered			
IV Medication #1		hospital?		last dose:		:				
			Yes No					_		
	Drug	Dose			Route			Frequency		
☐ Nursing:	Duration	First dose giver hospital?		in *Time of admin			istered			
IV Medication #2			Yes No			•				
	Patient qualifies for REMDESIVIR treatment as per Ontario Health guidelines. Date of COVID-19 symptom onset:									
COVID-19	Remdesivir - 200 mg IV on Day 1, 100 mg IV daily on days 2 and 3									
Therapeutics		s patient on beta-blockers? Yes No If yes, does the benefit of Remdesivir treatment outweigh risk? Yes No s a first dose? Yes No If no, Dose 1 date; Dose 2 date								
(Remdesivir)	is this a hist dose: Tes NO II Ho, Dose 1 date; Dose 2 date									
☐ Nursing: IV Hydration	Solution: Rate: Duration: Start:									
	PICC line flush orders: Flush and lock each lumen with 10 ml NaCl 0.9% post infusion, weekly and PRN.									
	Insertion Date:									
☐ Nursing:	Central venous line dressing orders: Cleanse site with chlorhexidine and apply op-site weekly and PRN, change cap weekly.									
Central Lines	Port-a-Cath care orders: Flush and lock port-a-cath with 10 ml NaCl 0.9%. Flush g 1 month when not in use using a									
(Adults)										
Tunneled catheter (e.g. Hickman) flush orders: Flush and lock each lumen with 10 ml NaCl 0.9% weekly.										
☐ Additional Recommendations (e.g. OT, PT, Pharmacy Consult, etc.) Weight bearing status:										
*Note: Eligibility and availability to be assessed and determined by a Home and Community Care Support Services Central West Care Coordinator (attach additional information as needed).										
Patient has been informed	to follow up	with their Primary	Care Provider	: Yes,	within	da	ays 🗌 No	□ N/A		
Referring Physician/Nurse Practitioner/Other OHIP Billing #										
	ame (Print): Signature:esignation: Telephone:								DD/MM/YY	
Designation:		ı elep	none:						ו /ועוועו /חס	

Revised: October 4, 2022

