



Collaboration Tools

Hospice New Admission Notification Form

Hospice Admission Audit Tool

Hospice Process Review Audit Tool

Pain Monitoring Tool

Find these tools & additional resources at www.afmc.org/aipp.



Hospice New Admission Notification Form

Instructions: This form is to be completed on all new hospice admissions.

Resident Name: _____

Resident admitted to Hospice (Date): _____

Resident transferred to Room # _____ (if applicable)

Diagnosis for Hospice Admission: _____

Diet: _____

Special Instructions: _____

Initial here when the following departments have been notified:

- Nursing Dept _____
- Housekeeping/ Laundry Dept _____
- Dietary Dept _____
- Activity/ Social Dept _____
- Medical Records Dept _____
- Administration _____
- Business Office _____

Signature: _____ Date: ____/____/____

(Name & Title)



HOSPICE ADMISSION AUDIT TOOL

RESIDENT NAME: _____ ADMIT DATE: ___/___/_____

	24 HOURS Y/N	48 HOURS Y/N
Signed Consents		
Code Status and Signatures in Place		
Contact Numbers on Chart		
Living Will		
Facility/Hospice Orders Match		
MARS Match Orders		
Pharmacy Notified		
Facility Care Plan		
Hospice Care Plan		
Chart Identified as Hospice		
New 703		
Significant Change Identified with MDS		
Communication Tool Sent to IDT Members		
Communicated on 24 hr report		
Pain Monitoring Tool		
Nurses' Signatures		
Hospice Binder		
Hospice Sign Sheets		
Enrichment Log completed (optional)		
Signature/Date	X _____ Date _____	X _____ Date _____

HOSPICE PROCESS REVIEW AUDIT TOOL

RESIDENT NAME:	YES	NO
Care Plans up to Date with Hospice Interventions		
Orders Match with MARS		
Telephone Orders Reviewed Daily		
Nurses' Notes Reviewed		
Pain Monitoring Reviewed		

COMMENTS:

RESOLVED:

Signature: _____ **Date:** ____/____/____

PAIN MONITORING TOOL

KEY	1	Document Pain Level (Mild=1, Moderate=2, Severe=3)
	2	Initial if intervention used (meds, positioning, ect.)
	3	Reassess resident within 1 hour using pain level (Mild=1, Moderate=2, Severe=3, Ineffective=4)
	4	Initial

MONTH: _____

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
DAY	1. Pain Level																
	2. Intervention																
	3. Reassess																
	4. Initial																
EVENING	1. Pain Level																
	2. Intervention																
	3. Reassess																
	4. Initial																
NIGHT	1. Pain Level																
	2. Intervention																
	3. Reassess																
	4. Initial																

		17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DAY	1. Pain Level															
	2. Intervention															
	3. Reassess															
	4. Initial															
EVENING	1. Pain Level															
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