

Hospice Admission Checklist

This guide is designed to ensure a smooth and compassionate transition for patients entering hospice care. Through this checklist, caregivers and healthcare professionals can ensure that all aspects of patient care are addressed.

Patient information		
Full name:		Date of birth:
Address:		
Emergency contact name:		Phone number:
Medical history		
Primary diagnosis:		Date diagnosed:
Secondary diagnosis:		Date diagnosed:
Current medications (include dosage and frequency):		
Allergies:		
Categories	Checklist item	Notes
Eligibility verification	<input type="checkbox"/> Confirm terminal illness diagnosis	
	<input type="checkbox"/> Life expectancy within six months	
	<input type="checkbox"/> Physician certification for hospice care	
Initial assessment by nurse	<input type="checkbox"/> Patient's medical history reviewed	
	<input type="checkbox"/> Current health status documented	
	<input type="checkbox"/> Medication needs assessed	
	<input type="checkbox"/> Preferences for end-of-life care noted	

Categories	Checklist item	Notes
Care development plan	<input type="checkbox"/> Physician's care plan provided <input type="checkbox"/> Nursing interventions identified <input type="checkbox"/> Personal care needs <input type="checkbox"/> Support for emotional and spiritual care planned	
Documentation and consent	<input type="checkbox"/> Patient's rights and responsibilities explained <input type="checkbox"/> Informed consent signed <input type="checkbox"/> Advanced care directives <input type="checkbox"/> Health security measures in place	
Additional information collection	<input type="checkbox"/> Dietary restrictions <input type="checkbox"/> Preferred communication methods <input type="checkbox"/> Additional family or caregiver details	
Guidelines and education	<input type="checkbox"/> Guidelines and documents for hospice services shared with the patient and family <input type="checkbox"/> Emergency contact procedures provided <input type="checkbox"/> Education on medication usage and safety completed	
Follow-up	<input type="checkbox"/> Scheduled visits by nurse <input type="checkbox"/> Physician follow-up confirmed <input type="checkbox"/> Care team meeting scheduled	

Additional notes