

**OKLAHOMA DEPARTMENT OF CORRECTIONS
PROGRESS NOTE**

DATE	TIME	(S = Subjective, O = Objective, A = Assessment, P = Plan)
Palliative Care Progress Note and Checklist		
Please check all completed items.		
		<input type="checkbox"/> Eligibility for Palliative care program has been medically determined and offender has been informed of his prognosis by the healthcare provider. <input type="checkbox"/> Next of kin notified <input type="checkbox"/> Emergency #'s confirmed _____
		<input type="checkbox"/> Interdisciplinary Team - (Medical providers, Nursing staff, CHSA, Mental Health representative, Chaplain and Security) is notified.
		<input type="checkbox"/> Interdisciplinary Team (IDT) has reviewed offender's medical condition and level of care for appropriateness of palliative care, and has agreed to place offender into palliative care.
		<input type="checkbox"/> Order for placement into palliative care per Medical Provider is signed and noted. Offender can be placed into the infirmary if controlled medications are required.
		<input type="checkbox"/> Advanced directives, Living Will and DNR is discussed with the offender by the medical provider and documented via consent in accordance with OP 140138 entitled "Offender Living Will/Advance Directive for Health Care and Do Not Resuscitate (DNR) Consent." <input type="checkbox"/> DNR signed <input type="checkbox"/> Advanced directive/Living Will signed
		<input type="checkbox"/> IDT plan of care is developed including physical, emotional and spiritual needs of the offender and documented on the ODOC infirmary care plan (DOC 140119 B).
		<input type="checkbox"/> Offender volunteers have received training per MSRM 140146-01 And have signed the Offender Volunteer Agreement (Attachment C). <input type="checkbox"/> N/A
		<input type="checkbox"/> Offender has signed the "Consent for Palliative Care", Attachment D, and the "Authorization for Release of Protected Health Information" (DOC 140108A).
		<input type="checkbox"/> Edmonton Symptom Assessment Graph,(Attachment A), and Numerical Scale (Attachment B) has been implemented.
		<input type="checkbox"/> Other/Comments-
OFFENDER'S NAME (Last, First)		DOC NO.