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Office of the Ombudsman for the Institutionalized Elderly (OOIE)

ETHICAL CASE CONSULTATION REQUEST FORM

This form should be faxed to OOIE for their review/records (609-943-3479) prior to conducting the case consult.

Date of Request _____

Facility Name and Address

Facility Phone (____) _____ Fax (____) _____

Facility Contact Person _____ Title _____

Resident's Initials _____ Resident's Age _____ Resident's Gender _____

Date of Admission to Facility _____ Resident's Payor Source _____

Summary of Ethical Dilemma or Conflict

1. Medical Information (including principal diagnosis and prognosis)

2. Overview of Resident's Daily Life

3. Resident's Capacity to Express/Make Health Care Decisions

4. Does the Resident Have an Advance Directive (Living Will)? Yes____ No____
POLST? Yes____ No____

5. Does the Resident Have a Guardian? Yes____ No____

6. Does the Resident Have a Health Care Proxy? Yes____ No____

7. Other Evidence of the Resident's Wishes Regarding Medical Treatment?

8. Identify Resident's Family/Social Support Systems? What is the extent of involvement?

9. Resident's Religious Affiliation _____

10. Circumstances Contributing to Unresolved Dilemma or Conflict

11. Staff/Facility Views/Reactions to the Situation

12. Facility Interventions Attempted Thus Far

13. Other Relevant Information

Regional Ethics Committee Use Only

Consultation Request Reviewed

By _____

Action

Taken _____

Date faxed to OOIE _____

Additional Notes/Thoughts



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CASE CONSULTATION WORKSHEET #1

Information Gathering

*Note: It is imperative to visit the resident during this process, preferably before starting the consult.

*Note: Please indicate (by circling or otherwise) which of these factors are most important/decisive in this case.

Medical Information

Resident Preferences

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Family Support Systems

Community Support Systems

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Staff Input

Social/Economic Considerations

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Daily Life

Ideal Picture/Outcome

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CASE CONSULTATION WORKSHEET #2

Charting Options with Benefits/Burdens and Principles

Action Option

Benefits/Burdens

Ethics Principles/Values

Option #1

Option #2

Option #3

COMING TO CONSENSUS:



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ETHICAL CASE CONSULTATION SUMMARY REPORT

Note: One person on the consult team should complete this form during or immediately following the consultation to clarify issues and team recommendations. This form should be kept as a record for the committee and in the medical chart, and should also be faxed to OOIE for their review/records (609-943-3479) **WITHIN 24 HOURS OF THE COMPLETION OF THE FORM.**

Date of Consult _____ Summary Report Completed By _____

Regional Ethics Committee _____

Facility and Address _____

Resident's Name _____ Resident's Date of Birth _____

Resident's Gender: M _____ F _____

Date of Admission to Facility _____ Resident's Payor Source _____

Case Consultation Team Members Present:

_____	_____
_____	_____
_____	_____
_____	_____

Statement of Ethical Dilemma or Conflict

1. Medical Information (including principal diagnosis and prognosis)

2. Overview of Resident's Daily Life

3. Resident's Capacity to Express/Make Health Care Decisions

4. Advance Directive (Living Will)? Yes ___ No ___ 5. Guardian? Yes ___ No ___

6. Health Care Proxy? Yes ___ No ___ POLST? Yes ___ No ___

7. Other Evidence of the Resident's Wishes Regarding Medical Treatment?

8. Applicable Ethical Principles

9. Resident's Support Systems (family, community, etc.)

10. Religious Affiliation _____

11. Staff/Facility Views

12. Family Views

13. Burdens Versus Benefits (summarize treatment options and burdens/benefits to the resident)

14. Recommended Action and Follow-up
