

Office of the Ombudsman for the Institutionalized Elderly (OOIE)

#### **ETHICAL CASE CONSULTATION REQUEST FORM**

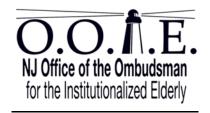
This form should be faxed to OOIE for their review/records (609-943-3479) prior to conducting the case consult.

Date of Request	
Facility Name and Address	
Facility Phone ()	Fax ()
Facility Contact Person	Title
Resident's Initials Resident's A	Age Resident's Gender
Date of Admission to Facility	Resident's Payor Source
Summary of Ethical Dilemma or Conflict	
Medical Information (including princip	al diagnosis and prognosis)
Overview of Resident's Daily Life	

3. Reside	Resident's Capacity to Express/Make Health Care Decisions	
	the Resident Have an Advance Directive (Living Will)? Yes No	
	POLST? Yes No	
5. Does	the Resident Have a Guardian? Yes No	
6. Does	5. Does the Resident Have a Health Care Proxy? Yes No	
7. Other	7. Other Evidence of the Resident's Wishes Regarding Medical Treatment?	
8. Identi	fy Resident's Family/Social Support Systems? What is the extent of involvement?	
9. Reside	ent's Religious Affiliation	
10. Circu	mstances Contributing to Unresolved Dilemma or Conflict	
11. Staff	F/Facility Views/Reactions to the Situation	
12. Facility Interventions Attempted Thus Far		
13. Othe	er Relevant Information	

# **Regional Ethics Committee Use Only**

Consultation Request Reviewed	
Ву	<del></del>
Action	
Taken	
Date faxed to OOIE	
Additional Notes/Thoughts	



# Office of the Ombudsman for the Institutionalized Elderly (OOIE) CASE CONSULTATION WORKSHEET #1

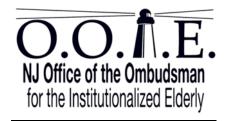
#### **Information Gathering**

\*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
Family Support Systems	Community Support Systems
Staff Input	Social/Economic Considerations

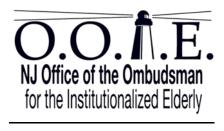
Daily Life	Ideal Picture/Outcome



# Office of the Ombudsman for the Institutionalized Elderly (OOIE) 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 Summa	ary 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
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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	