

Help us to Get to Know our Patients

To help us provide the best possible care to our patients in the Critical Care Trauma Centre (CCTC), please take this opportunity to tell us about your family member. This information helps us to provide care in the way that your family member would want.

We encourage you to talk to other family members or friends and complete this form together so that it best reflects the wishes of your family member. Return the completed form within 24-48 hours to the bedside nurse or the social worker. The unit clerk can make a copy for you to keep if you wish. This document will be kept as part of the patient chart, and updated when the patient is able to speak on his or her own behalf. If there are questions you would rather discuss in person please let your family member's nurse or our social worker know.

Please answer the questions the way that you think your family member would answer if he or she was able to tell us. We encourage you to bring in photos or items to personalize the bedside.

1. **Who is filling out this form** (please identify your name and relationship to the patient; if other have participated in completing the form you can list their names as well?)
2. **Today's date:**
3. **What is the patient's full name?**
4. **What does the patient like to be called?**
5. **What is the patient's preferred language?**
6. **Does the patient have a legal Power of Attorney for Personal Care**
 - a. No (go to next question)
 - b. Yes (please answer the following question)
 - i. Who is/are identified as the individual(s) who can make decisions on behalf of the patient?
 - ii. Please bring a copy of the Power of Attorney for PERSONAL Care
7. **Who are the important people in the patient's life?**

Spouse/Partner:

Children:

Parents:

Siblings:

Others:
8. **What is/was the patient's occupation?**

9. If we want to start a conversation with the patient that would peak his or her interests, what topic should we ask about?

Examples: Sources of pride, hobbies and activities, music, movies, books or TV show.

10. What does the patient's daily routine look like?

11. What is the patient's normal sleeping pattern?

12. What type of situation does the patient find stressful?

13. Are there any other major life events or changes happening in the patient's life right now?

14. Is there any history of depression, anxiety or any other mood related concerns? If so, please tell us how the patient is usually affected by this problem or how it may affect them during this hospital stay.

15. What does the patient do to help cope with stressful situations (this can include strategies that are helpful and those that are not helpful)?

16. Does the patient have any religious or cultural beliefs that we should know about?

17. Before this admission, did the patient require any of the following?

- Help from another person with personal care (such as bathing, walking or eating)? Please describe.

- Help to make safe choices due to forgetfulness, confusion or an inability to understand things? Please describe.

- Support from any social service agencies (e.g., in-home care, Ontario Disability Support Program)

18. Below is a list of possible scenarios that can happen as a result of a critical illness. Has the patient ever specifically talked about his/her wishes should the following situation(s) occur?

- a) He/she is unable to interact or communicate

- b) He/she is unable to look after his or her own personal care needs

- c) He/she is unable to return home or live independently

- d) He/she is unable to live without life support (examples of life support include: feeding tube, tracheostomy, breathing machine or dialysis)

19. How would the patient describe the quality of his/her life prior to this admission?

20. What would “make a day worth living” if he/she could tell us?

21. What would the patient say is his/her biggest fear about the current hospital stay?

22. What is YOUR biggest concern or fear related to this hospital stay?

23. How is this hospital stay affecting your family?

24. Who in your family is having the greatest difficulty dealing with this hospital stay?

25. How are you coping with this hospital stay (support systems, strategies that you use)?

26. Is there anything we can do to help you?