



**Next Steps Worksheet**

Trillium Gift of Life Network  
Provide information to the Provincial Resource Centre  
1-877-363-8456 or 416-363-4438

TGLN # \_\_\_\_\_

To further assess donation potential, The Provincial Resource Centre Coordinator will ask you some or all of the following:

1. Admission History/Course of Events:
2. Cancer History:
3. Past Medical History:
4. List patient medications (all including PRN at TOD):


5. Was the patient on antibiotics within the last two weeks? Yes \_\_\_ No \_\_\_  
If Yes, which one(s)?

Abx	Duration	Reason

6. Most recent WBCs (white blood cell count) and temperatures:

Date	Time	WBC

Date	Time	Temp

7. Most recent Cultures:

Type	Date	Results
Blood		
Sputum		
Urine		

8. Did the patient have active sepsis? Yes \_\_\_ No \_\_\_



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Just a few more questions...

10. Last chest x-ray within two weeks? Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

a. Did it indicate pneumonia/consolidation? Yes \_\_\_ No \_\_\_

11. Does the patient have Diabetes? Yes \_\_\_ No \_\_\_ If yes, Type 1 \_\_\_ or Type 2 \_\_\_

12. Name of Family Physician: \_\_\_\_\_ #: \_\_\_\_\_

13. Name of Attending/Pronouncing Physician: \_\_\_\_\_

14. Coroner's Case? Yes \_\_\_ No \_\_\_ Name of Coroner: \_\_\_\_\_

15. Autopsy Pending? Yes \_\_\_ No \_\_\_

a. In hospital \_\_\_ Patient being transferred to: \_\_\_\_\_

16. What is the patient's height and weight?

a. Height: \_\_\_\_\_ cm / ft Estimated or Actual

b. Weight: \_\_\_\_\_ kg / lbs Estimated or Actual

17. Did the patient receive IV fluids (N/S, D5W, Ringers, etc.) in the hour before death?

Type	Amount

18. Did the patient receive blood or blood products (FFP, albumin, etc.) in the last 48 hours before death?

Type	Amount

Thank you for your time.

**\*TOD – time of death**

Note: This form contains confidential personal information. Please retain or dispose in accordance to hospital policy.