



# Routine Notification Worksheet

Note: This worksheet does not include screening questions for patients who have requested Medical Assistance in Dying (MAID). Use the MAID: Pre-Provision Intake Form.

Place patient addressograph/sticker here or fill out questions 2-6 below

Call Initiated By: \_\_\_\_\_ Signature: \_\_\_\_\_

Complete this form prior to calling TGLN and **have the patient's chart available.**

- Unit Telephone #: \_\_\_\_\_ Unit Fax #: \_\_\_\_\_
- Name of Patient: \_\_\_\_\_
- Date of Birth: DD \_\_\_\_ MM \_\_\_\_ YYYY \_\_\_\_
- Sex: Female  Male  Identifying Gender, if Different \_\_\_\_\_
- Medical Record Number (i.e., Patient "J-Number" or "sh-Number" etc.): \_\_\_\_\_
- OHIP #: \_\_\_\_\_ Version Code: \_\_\_\_\_
- Is the Patient Ventilated (Including BiPAP<sup>®</sup>/CPAP)?: No  Yes  If Yes, Indicate if ETT, BiPAP<sup>®</sup>, or CPAP \_\_\_\_\_
- TOD: DD \_\_\_\_ MM \_\_\_\_ YYYY \_\_\_\_ HH:MM \_\_\_\_
- Was the Death Witnessed?: Yes  No  If No, Last Time Seen Alive: \_\_\_\_\_
- Clinical History: Note Any Conditions Listed to the Right
- Suspected Cause of Death (e.g. CVA): \_\_\_\_\_ If Cancer, Type: \_\_\_\_\_
- Mechanism of Death (e.g. MVC): \_\_\_\_\_
- Date of Entry/Admission to Hospital: DD \_\_\_\_ MM \_\_\_\_ YYYY \_\_\_\_ HH:MM \_\_\_\_
- Intubation Date & Time (if applicable): DD \_\_\_\_ MM \_\_\_\_ YYYY \_\_\_\_ HH:MM \_\_\_\_
- Extubation Date & Time (if applicable): DD \_\_\_\_ MM \_\_\_\_ YYYY \_\_\_\_ HH:MM \_\_\_\_
- Substitute Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Other #: \_\_\_\_\_

Note: Eligibility to donate is assessed by TGLN on a case-by-case basis

- HIV
- Hepatitis B
- Hepatitis C
- C. Diff (Current)
- CJD (Mad Cow)
- Rabies
- Active TB
- Alzheimer's
- Parkinson's
- ALS
- MS
- Leukemia
- Lymphoma
- Documented Sepsis (Current)
- Isolation Precautions
- No History Known

### TGLN may ask additional screening questions.

Complete the Next Steps Worksheet or have the chart available to answer questions such as: past medical history, brain stem reflexes, vital signs, medications, antibiotics in last 2 weeks, most recent lab values, temperature, cultures, chest x-ray, height, weight, family MD, coroner's case, IV fluid in last hour before TOD, or blood products in last 48h

TGLN Number:  Document as per hospital policy

### Screening Outcome

**ICU/ED**  
Ventilated patients

Prior to the withdrawal of life sustaining measures

- Eligible for organ donation**  
Thank you for **not** discussing donation with the family. TGLN will speak with the family at an appropriate time. Call TGLN back with any changes to the patient's condition or plan of care.
- May be eligible for tissue donation**  
Call back within one hour of death. The screening for tissue donation must include your patient's medical information at the time of death.
- Not eligible for organ or tissue donation**  
No call back required at time of death.

**All Units**  
Within one hour of asystole

- Eligible for tissue donation**  
Do **not** bring up the topic of donation with the family. A TGLN coordinator will discuss donation with the family over the phone. If the family is present, leading practice is to connect TGLN with the substitute before they leave the hospital. Suggested language to support the introduction of this conversation is available on the back of this page.
- Not eligible for tissue donation**

## When to Notify Trillium Gift of Life Network:

A TGLN Coordinator and Donation Support Physician are available 24/7  
 Call TGLN at 1-877-363-8456 or 416-363-4438 - Press '1' for Organ, Press '2' for Tissue

<b>ICU/ED</b> <small>Units with ventilated patients</small>	<b>Ventilated Patients (All Ages)</b> →	<p style="text-align: center;">Call TGLN with patients who have requested Medical Assistance in Dying (MAID) after the first confirmation of eligibility and all ventilated patients, including life-sustaining non-invasive ventilation (e.g. BiPAP®/CPAP), who meet any of the following criteria</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">G</th> <th style="width: 20%;">I</th> <th style="width: 20%;">F</th> <th style="width: 20%;">T</th> <th style="width: 20%;">+</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Grave prognosis or Glasgow Coma Scale (GCS) = 3</td> <td style="text-align: left;">Injured brain or non-recoverable injury/illness</td> <td style="text-align: left;">Family/Patient initiated discussion of donation, or withdrawal of life sustaining measures (WLSM)</td> <td style="text-align: left;">Therapy limited, de-escalation of treatment, or WLSM discussion planned</td> <td style="text-align: left;">Patients who have requested MAID - after first confirmation of eligibility assessment</td> </tr> </tbody> </table> <p style="text-align: center;"><b>Call back when:</b> Neuro status declines or there is a change in plan of care</p> <p style="text-align: center;">↓</p> <p style="text-align: center;"><b>Call Back Within One Hour of Asystole</b> if directed by TGLN to screen for tissue donation</p>	G	I	F	T	+	Grave prognosis or Glasgow Coma Scale (GCS) = 3	Injured brain or non-recoverable injury/illness	Family/Patient initiated discussion of donation, or withdrawal of life sustaining measures (WLSM)	Therapy limited, de-escalation of treatment, or WLSM discussion planned	Patients who have requested MAID - after first confirmation of eligibility assessment
	G	I	F	T	+							
Grave prognosis or Glasgow Coma Scale (GCS) = 3	Injured brain or non-recoverable injury/illness	Family/Patient initiated discussion of donation, or withdrawal of life sustaining measures (WLSM)	Therapy limited, de-escalation of treatment, or WLSM discussion planned	Patients who have requested MAID - after first confirmation of eligibility assessment								
	<b>Non-Ventilated Patients (All Ages)</b> →	<ul style="list-style-type: none"> <li>When the topic of donation is raised by the family/patient</li> <li>After the patient requesting MAID has received first confirmation of eligibility assessment</li> <li>Within one hour of death</li> </ul>										
<b>Floors</b> <small>Units with non-ventilated patients</small>	<b>Call TGLN with all patients 79 years of age and younger</b> →	<ul style="list-style-type: none"> <li>When the topic of donation is raised by the family/patient</li> <li>After the patient requesting MAID has received first confirmation of eligibility assessment</li> <li>Within one hour of death</li> </ul> <p style="text-align: center; margin-top: 10px;">Note: Notify TGLN for neonatal deaths <b>36 weeks corrected gestational age and older</b></p>										

Language to Connect Patients/Substitutes with TGLN When Appropriate:

**When families ask “What do we do now?:**

“One of the next steps for families is to speak with a Trillium Gift of Life Network Coordinator to help with some of the decisions that you will be making. We can arrange that now or in a little while, before you leave the hospital.”

**Normalizing:**

“As part of end-of-life care and to help with some of the decisions that need to be made, we arrange for families to speak with a Coordinator on the phone. We can do that in a few minutes or before you leave the hospital.”

**When the patient/family asks about organ and tissue donation:**

“We’ll be calling Trillium Gift of Life Network to determine if there is the opportunity to donate. They will be available to speak with you about donation.”

**How to respond if the patient/family has questions about who can donate and eligibility criteria?:**

“TGLN staff are the specialists in this field. Criteria is updated frequently, so we rely on their expertise regarding this.”

**If the patient/family states “I don’t want to speak to TGLN” or “I don’t want to donate” without speaking with TGLN:**

“We encourage all our patients/substitutes to speak with TGLN as sometimes people aren’t aware of new information about who can be helped or may have misunderstandings about the process.”