



# Routine Notification Worksheet

For patients who have requested Medical Assistance in Dying (MAID), use the **MAID: Pre-Provision Intake Form**

Place patient addressograph sticker or fill in Section 2

Call: 1-877-363-8456 or 416-363-4438  
Press '1' for Organ, Press '2' for Tissue

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

Call Initiated By: \_\_\_\_\_ Date & Time: \_\_\_\_\_ Signature: \_\_\_\_\_

1. Unit Telephone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Unit Fax #: \_\_\_\_\_

2. Patient First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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: \_\_\_\_\_

3. Admission Date & Time: (DD/MM/YYYY) \_\_\_\_\_ (HH:MM) \_\_\_\_\_

4. Is the Patient Ventilated (ETT/BiPAP<sup>®</sup>/CPAP)? Yes  No

Intubation Date & Time (if applicable): (DD/MM/YYYY) \_\_\_\_\_ (HH:MM) \_\_\_\_\_

Extubation Date & Time (if applicable): (DD/MM/YYYY) \_\_\_\_\_ (HH:MM) \_\_\_\_\_

5. Death Date & Time (if applicable): (DD/MM/YYYY) \_\_\_\_\_ (HH:MM) \_\_\_\_\_

Was the Death Witnessed? Yes  No  If No, Last Time Seen Alive: (HH:MM) \_\_\_\_\_

6. Clinical History: *Note Any Conditions Listed to the Right*

Suspected Cause of Death (e.g., CVA): \_\_\_\_\_

Mechanism of Death (e.g., MVC): \_\_\_\_\_

If History of Cancer: Year of Diagnosis \_\_\_\_\_ Type & Treatment \_\_\_\_\_

7. Family/Substitute Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Other #: \_\_\_\_\_

Language Preference: \_\_\_\_\_ Interpreter Required? Yes  No

Note: Eligibility to donate is assessed 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 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 the last hour before death, or blood products in the last 48h.*

**TGLN Number:**

\_\_\_\_\_

*Document as per hospital policy*

Screening Outcome:	Organ Donation - ICU/ED: <i>Prior to the withdrawal of life-sustaining-measures (WLSM)</i>	Tissue Donation - All Units: <i>Within one hour of death</i>
<input type="checkbox"/> <b>Eligible for organ donation</b> <input type="checkbox"/> <u>Call back</u> if patient becomes unstable, <b>or</b> loses brain stem reflexes, <b>or</b> if there is a plan to discuss WLSM. <i>Thank you for <b>not</b> discussing donation with the family/substitute - TGLN will ask for daily updates and speak with them when appropriate.</i>  <input type="checkbox"/> <b>May become eligible for organ &amp; tissue donation</b> <input type="checkbox"/> <u>Call back</u> if patient loses all brain stem reflexes. <input type="checkbox"/> <u>Call back</u> if patient stabilizes. <input type="checkbox"/> <u>Call back</u> within one hour of death. _____ →  <input type="checkbox"/> <b>May be eligible for tissue donation, Not eligible for organ donation</b> <input type="checkbox"/> <u>Call back</u> within one hour of death. _____ →  <input type="checkbox"/> <b>Not eligible for organ &amp; tissue donation</b>	<p>The screening for tissue donation must include the patient's medical information.</p> <input type="checkbox"/> <b>Eligible for tissue donation</b> <i>Thank you for <b>not</b> discussing donation with the family/substitute - TGLN will speak with them when appropriate.</i>  <i>If the family/substitute are at the hospital, please <u>connect TGLN with them before they leave.</u></i>  <i>Suggested language to introduce TGLN to the family/substitute is on the next page.</i>  <input type="checkbox"/> <b>Not eligible for tissue donation</b>	

**Additional Information:**  
\_\_\_\_\_



## When to Notify Trillium Gift of Life Network (TGLN):

A TGLN specialist and Donation Support Physician are available 24/7  
 Call: 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>Call TGLN for all ventilated patients, and patients who have requested Medical Assistance in Dying (MAID), who meet any of the following criteria:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">G</th> <th style="text-align: center;">I</th> <th style="text-align: center;">F</th> <th style="text-align: center;">T</th> <th style="text-align: center;">+</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Grave prognosis or Glasgow Coma Scale (GCS) = 3</td> <td style="padding: 5px;">Injured brain or non-recoverable injury/illness</td> <td style="padding: 5px;">Family/Patient initiated discussion of donation, <b>or</b> withdrawal of life sustaining measures (WLSM)</td> <td style="padding: 5px;">Therapy limited, de-escalation of treatment, <b>or</b> WLSM discussion planned</td> <td style="padding: 5px;">Patients requesting MAID <i>*see MAID section below</i></td> </tr> </tbody> </table> <p style="text-align: center;"><b>Call back when:</b> Patient becomes unstable, <b>or</b> loses brain stem reflexes, <b>or</b> if there is a plan to discuss WLSM</p> <p style="text-align: center;">↓</p> <p style="text-align: center;"><b>Call Back Within One Hour of Death</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, <b>or</b> withdrawal of life sustaining measures (WLSM)	Therapy limited, de-escalation of treatment, <b>or</b> WLSM discussion planned	Patients requesting MAID <i>*see MAID section below</i>
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<b>Non-Ventilated Patients (All Ages)</b> →	<ul style="list-style-type: none"> <li>• Within one hour of death</li> <li>• When the topic of donation is raised by the family/patient</li> <li>• When a patient requests MAID <i>*see MAID section below</i></li> </ul>											
<b>Floors</b> <small>Units with non-ventilated patients</small>	<b>Call with all patients 79 years of age and younger</b> →	<ul style="list-style-type: none"> <li>• Within one hour of death</li> <li>• When the topic of donation is raised by the family/patient</li> <li>• When a patient requests MAID <i>*see MAID section below</i></li> </ul> <p style="text-align: center;">Note: Notify TGLN for neonatal deaths <b>36 weeks corrected gestational age and older.</b></p>										
	<b>ICU/ED: All Ages</b> <b>Floors: 79 years of age and younger</b> →	<ul style="list-style-type: none"> <li>• For patients requesting MAID with a <u>reasonably foreseeable</u> natural death, notify TGLN after <b>first</b> confirmation of eligibility assessment.</li> <li>• For patients requesting MAID whose natural death is <u>not reasonably foreseeable</u>, notify TGLN after <b>second</b> confirmation of eligibility assessment.</li> </ul>										

### Suggested language to connect patients/families/substitutes with TGLN when appropriate:

#### When families/substitutes ask “What do we do now?”:

“One of the next steps is to speak with a TGLN specialist 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/substitutes to speak with a TGLN specialist on the phone. We can do that in a few minutes or before you leave the hospital.”

#### When the patient/family/substitute asks about organ and tissue donation, and eligibility criteria:

“We’ll be calling TGLN to determine if there is the opportunity to donate. They can review the current eligibility criteria and will be available to speak with you about donation.”

#### If the patient/family/substitute 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/families/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.”