Trillium Gift of Life Network

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 ☐**

Ontario Health
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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.