Gippsland Region
Palliative Care
Consortium

## Sample form – After-Hours Call Summary

| Date of call: | Name of Triage Nurse: | Position and department: |
|---|---|---|
| | | |

| Person making after-hours phone call: | Client | Caregiver | Other |
|---|---|---|---|
| | | | |

**Reason(s) for call** *For each applicable reason, please indicate if new symptom or exacerbation of symptom AND Problem severity score*

| Symptom related | New | Exacerbation | Problem severity score Clinician Rated 0-3 | Notes |
|---|---|---|---|---|
| Pain | ☐ | ☐ | | |
| Anxiety – client / caregiver | ☐ | ☐ | | |
| Nausea and/or vomiting | ☐ | ☐ | | |
| Breathlessness | ☐ | ☐ | | |
| Terminal restlessness | ☐ | ☐ | | |
| Constipation | ☐ | ☐ | | |
| Death | ☐ | ☐ | | |
| Other symptom | ☐ | ☐ | | |
| **Other reason(s)** | | | | |
| | | | | |

| Response to call | Tick all that apply | Notes |
|---|---|---|
| Issue resolved through phone call only | ☐ | |
| Home visit after-hours required | ☐ | |
| Visit recommended following day | ☐ | |
| Contacted palliative care nurse | ☐ | |
| Ambulance called | ☐ | |
| Admission to hospital | ☐ | |
| **Other response (s)** | | |
| | | |

© Copyright Gippsland Region Palliative Care Consortium