



Queensland Government

Rapid Transfer Home for Terminal Care Checklist

Facility/Service: _____

Ward/Unit: _____ Year: 20 _____

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: _____ Sex: M F I

RAPID TRANSFER HOME FOR TERMINAL CARE – GUIDING CHECKLIST

Purpose

The Rapid Transfer Home for Terminal Care Checklist is a planning document that can be used by hospital-based clinicians to safely support adult patients and their families/carers who choose to transfer home (private residence or residential aged care facility [RACF]) for end-of-life and terminal care.

A transfer to die at home is considered urgent care and requires an informed, coordinated approach to ensure the transfer is safe and occurs in a timely manner. It involves coordinating service delivery by community providers and the supply of necessary end-of-life medicines, consumables and equipment.

Scope

The Rapid Transfer Home for Terminal Care Checklist is a recommended guide only.

Changes to patient and/or carer circumstances may result in immediate review or cessation of discharge process. Ongoing assessment and communication with family is essential.

Clinicians should consider local services, resources and procedures, particularly when care is complex.

This document aligns with:

- [National Consensus Statement: Essential elements for safe and high-quality end-of-life care](#) (Australian Commission on Safety and Quality in Health Care, 2023)
- [Palliative and End-of-Life Care Strategy](#) (Queensland Health, 2022)
- [National Palliative Care Standards for All Health Professionals and Aged Care Services](#) (Palliative Care Australia, 2022)
- [National Palliative Care Standards](#) (Palliative Care Australia, 2018)

Role of Multidisciplinary Teams

INPATIENT TEAM

The role of the inpatient team is to provide timely, efficient and safe hospital discharge through a systems-based approach that integrates all aspects of person-centred care. The inpatient team will proactively identify and resolve patient-related discharge issues and develop an individualised holistic plan based on the person's advance care plan and goals of care.

The inpatient team respects the patient's wish to die at home by coordinating provision of equipment, supplies and medication prior to transfer, educating and supporting the family/carer to address needs that may arise and communicating with the community team, providing necessary documentation.

QUEENSLAND AMBULANCE SERVICE (QAS)

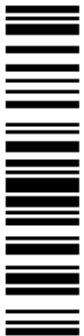
The role of QAS is to provide patient transfer and support patient and family through their journey from hospital to home.

COMMUNITY TEAM *(includes all services that may receive handover for ongoing care and support for patient and family)*

The role of the community team is to coordinate and deliver terminal and post death care including supporting family/carer, anticipating and managing symptoms as well as other care needs, ongoing medication orders, Continuous Subcutaneous Infusion (CSCI) management, attending when patient dies to certify death, providing death certificate and bereavement support after the patient dies. Return CSCI device to provider, as appropriate.

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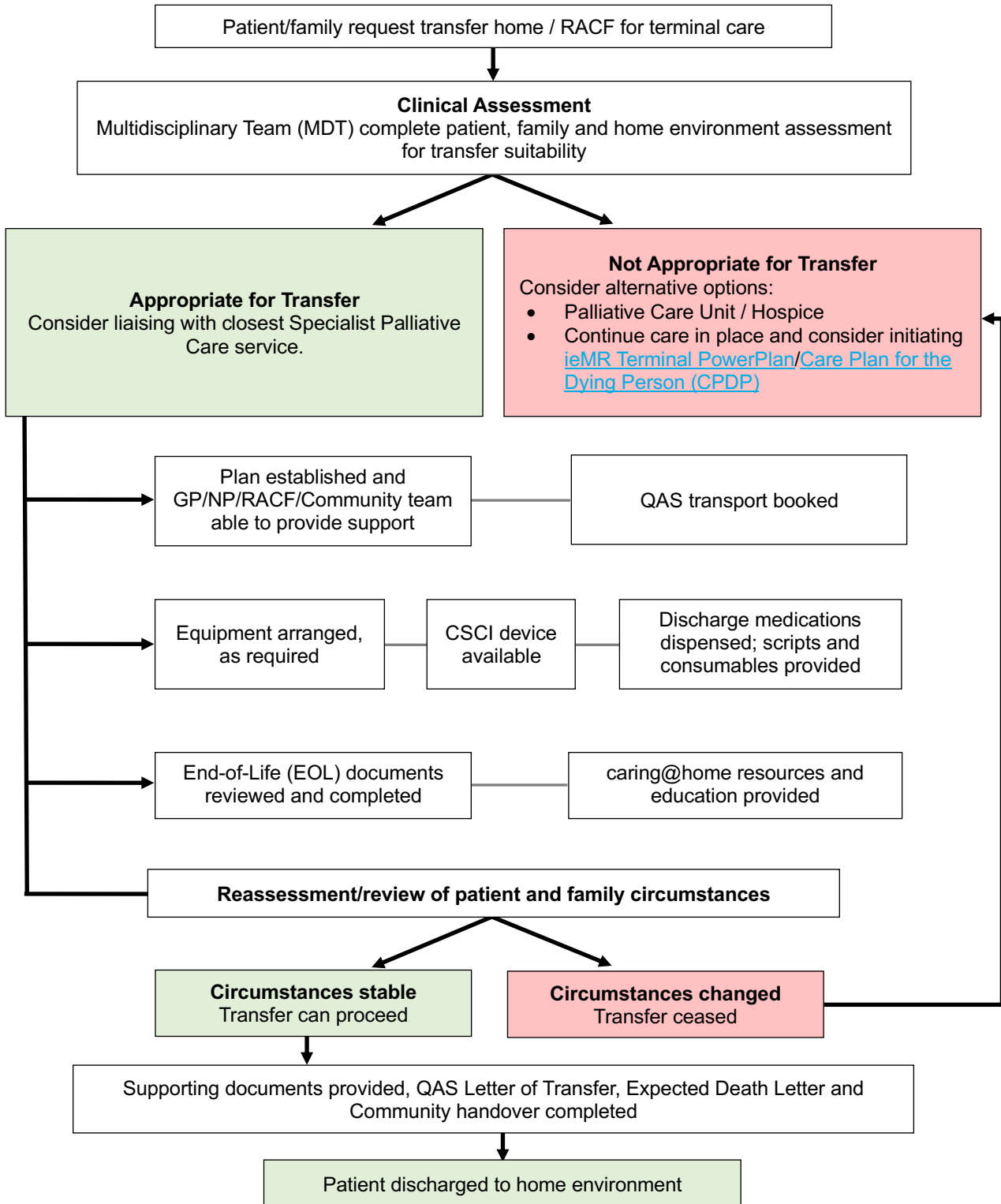
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RAPID TRANSFER HOME FOR TERMINAL CARE – FLOWCHART



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**Rapid Transfer Home for
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MEDICATION MANAGEMENT

For medication prescribing guidance, refer to: [Community-based Palliative Care Anticipatory Medicines: Guidance for Queensland](#), OR the [National Core Community Palliative Care Medicines List](#) OR [palliMEDS app](#); OR seek local specialist palliative care or [PallConsult](#) advice.

Assess current medication and discontinue nonessentials, convert appropriate oral medication to subcutaneous route. Prescribe and dispense at least 7 days medication prior to discharge.

WHAT ARE ANTICIPATORY MEDICINES?

Anticipatory medicines are injectable and/or sublingual medicines prescribed to a person with a life limiting illness in the last phase of their life. These medicines are proactively prescribed and dispensed in preparation for a time when a person needs them. They are used to help manage distressing, emergent symptoms with the goals of providing rapid relief and avoiding unplanned or unwanted admissions to healthcare inpatient facilities.

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MEDICINE CATEGORY	PALLIATIVE CARE INDICATION	MEDICINE NAME	STRENGTH AVAILABLE	DOSE	ROUTE	FREQUENCY	QUANTITY TO PRESCRIBE
Analgesic (opioid)	Dyspnoea, Pain	Morphine ¹	10mg/ml OR 30mg/ml ampoules	Pain = 2.5mg to 5mg Dyspnoea = 1mg to 2.5mg	Subcutaneous	1-hourly as required	For subcutaneous bolus and CSCI doses: In metropolitan areas: Prescribe a minimum of SEVEN (7) DAYS supply of each medicine In regional, remote, rural areas: Consider increased supply For non-PBS items: investigate local supply options For subcutaneous PRN doses: Prescribe a minimum of TWENTY (20) ampoules of each medicine
		For known or suspected renal impairment (EGFR<30ml/min) and/or allergy, adverse reaction or previous intolerance to morphine, consider either:					
		Hydromorphone ¹	2mg/mL ampoules	Pain = 0.5mg to 1mg Dyspnoea = 0.25mg to 0.5mg	Subcutaneous	1-hourly as required	
		OR		Fentanyl ²	100mcg/2mL ampoules	25mcg to 50mcg	
Anticholinergic	Respiratory tract secretions	Hyoscine butylbromide ¹	20mg/mL ampoules	20mg	Subcutaneous	2-hourly as required	
Antiemetic	Nausea, Vomiting	Metoclopramide ^{1,3}	10mg/2mL ampoules	10mg	Subcutaneous	8-hourly as required	
Antipsychotic	Agitation, Nausea, Vomiting, Refractory distress	Haloperidol ^{1,3}	5mg/mL ampoules	0.5mg to 1mg	Subcutaneous	4-hourly as required	
Anxiolytic (benzodiazepine)	Agitation, Dyspnoea, Refractory distress	Midazolam ²	5mg/mL ampoules	2.5mg	Subcutaneous	1-hourly as required	
		OR		Clonazepam ^{1,4}	1mg/mL ampoules 2.5mg/mL liquid (1 drop = 0.1mg)	0.2mg to 0.5mg	Subcutaneous Sublingual

Notes:

1. Available on the Pharmaceutical Benefits Scheme (PBS) – Palliative Care Schedule. Refer to www.pbs.gov.au to view the full listing.
2. Not available on the PBS – Palliative Care Schedule.
3. Avoid using metoclopramide and haloperidol in Parkinson's Disease, or if extrapyramidal side effects (EPSEs) are distressing, seek specialist palliative care advice.
4. Clonazepam has a long-half and is preferred in patients with a history of seizures taking regular anti-seizure medication.

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EQUIPMENT AND SUPPLIES

Patients transferring home for terminal care must be provided with a suitable range and sufficient quantity of essential clinical consumables, equipment and medical supplies to prevent unwanted distress or readmission to hospital due to unavailability in the community.

Equipment for residential address may be obtained through MASS PCEP program: [MASS Palliative Care Equipment Program \(MASS PCEP\) | Queensland Health](#)

If transferring to RACF for terminal care, liaise with facility to determine if any consumables are required.

Clinical consumables for subcutaneous/PRN medication		Equipment and medical supplies (provide only as appropriate)	
Item	Qty	Item	Qty
Saf-T-Intima	2	Continuous subcutaneous infusion device (Consider provision and return of device)	1
Needle free injection BD SmartSite connector	5	30mL Luer lock syringe	10
Clear film dressing	2	Luer lock extension tube	2
Alcohol wipe	10	Slide sheet	2
1mL Luer lock syringe	10	caring@home resources (not for RACF)	
3mL Luer lock syringe	30	Dressings/ostomy equipment	
Drawing up needle – blunt	10	Urinary catheterisation equipment	
9V battery (6LR61)	5	Continence pads	
10mL H2O ampoule	5	Indwelling drainage equipment	
10mL Normal Saline ampoule	10	Gloves	
Syringe caps	30	Hygiene wipes	
Mouth care swabs	20	Other e.g., Home Oxygen	
Sharps container	2		

DOCUMENTATION
Treating team to complete and provide, as appropriate
PATIENT TRANSFERRING TO PRIVATE HOME OR RACF

Documentation for inclusion	✓ Yes	Staff name	Signature	Date
QLD Health Acute Resuscitation Plan (ARP): Form (Interactive) See Tracker/Viewer.				
Copies of QLD Advance Care Planning (ACP) Documents See Tracker/Viewer				
Discharge summary or letter to GP and community nursing service				
Medication order/Medication List Summary/Medication Administration record/Interim administration record				
QLD Health Community Subcutaneous Medication Infusion Order (over 24 hours)				
Contact numbers of community providers including after-hours support				
Expected Death Letter				
QLD Health Life Extinct Form (email for access)				

QAS

QAS Letter of Transfer				
QLD Health Acute Resuscitation Plan (ARP): Form (Interactive) See Tracker/Viewer.				

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DOCUMENTATION

Treating team to complete and provide, as appropriate

PATIENT TRANSFERRING TO PRIVATE HOME: HOME DEATH PACK

Specifically tailored for Queensland residents who choose to transfer home for end-of-life and terminal care, the resources packaged in the Home Death Pack provide information and practical advice for families and carers.

This can help empower families and carers to navigate the complexities of caring for a terminally ill person with confidence and compassion.

Please download the appropriate resources and provide them to the family/carer, as appropriate.

Managing physical symptoms tip sheets
([caring@home](#))

- [Help with anxiety](#)
- [Help with feeling sick and/or vomiting](#)
- [Help with pain](#)
- [Help with rattly breathing](#)
- [Help with restlessness](#)
- [Help with seizures](#)
- [Help with shortness of breath](#)
- [Help with troubling visions, sounds, thoughts](#)
- [Common symptoms at end of life](#)

Providing practical care step-by-step
guides ([caring@home](#))

- [How to care for the eyes/How to care for the nose](#)
- [How to care for the mouth](#)
- [How to change a pad](#)
- [How to position a person](#)
- [How to wash a person](#)

Managing subcutaneous medicines
factsheets ([caring@home](#))

[Storing your palliative care medicines safely/ Disposing of your palliative care medicines safely](#)

Giving medicines safely ([caring@home](#))

- [How to help manage symptoms with medicines at home](#)
- [How to put medicine in the syringe](#)
- [How to give medicine under the skin](#)
- [How to insert a subcutaneous cannula](#)

[The dying process brochure](#) (Palliative
Care Australia)

Provides information on how to understand, anticipate and respond to changes in a dying person.

[Managing a home death: What to do
when a person dies at home factsheet](#)
(PallConsult)

Includes information on how to know if a person has died, what to do after a death has occurred, funeral arrangements, bereavement counselling and important contact numbers.

[When someone dies: A practical guide
for family and friends](#) (Clinical
Excellence, Queensland Health)

Includes information about preparing for death, tasks and contact lists after death has occurred, caring for yourself and others, and support services.

Download and print the [Home Death Pack Cover Page](#) to accompany the resources given to the family/carer.

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PREPLANNING

Initial

- The patient expressed/expresses a wish to die at home
- The patient's substitute decision maker (SDM)/family/carer support the decision
- GP/NP/Community team/RACF/local palliative care service contacted and can support the terminal phase care
- Discharge destination is suitable and safe for patient and attending health clinicians
- Cultural safety aspects reviewed (referrals completed, as appropriate)
- Equipment ordered and timely delivery confirmed
- Acute Resuscitation Plan completed
- ACP documents reviewed and updated
- Hospital pharmacy to prepare discharge medication list
- Medical Officer to complete discharge medication plan and discharge PBS authority prescriptions
- Educate family/carer how to administer subcutaneous medicines to manage symptoms ([caring@home](#))
- Educate family/carer what to do after an expected home death ([Managing a home death](#))
- QAS booked and transfer letter completed – (provide to QAS on discharge)

Confirm discharge location: Home RACF Other

Address:

COMMUNITY CONTACTS	NAME	PHONE	Initial
Substitute Decision-Maker			
GP/NP			
RACF or Community Service Provider			
Community Pharmacy			
Palliative Care Service			

DAY OF TRANSFER HOME

- Clinical Assessment completed. Treating team, patient and carer consent to discharge and transfer plan
- Pharmacy dispenses discharge medication list and medicines
- Community contacts receive patient handover (document in patient notes)
- Complete discharge summary or letter to GP and other health care providers
- Provide appropriate supply of clinical and medical consumables
- Follow local procedure for return of CSCI device if utilised for transfer home - (consider [Surefuser™+](#))
- Prepare subcutaneous medicines to support patient/carer until domiciliary nurses take over care
- Ensure the patient has TWO (2) subcutaneous BD Saf-T-Intima™ in-situ
- Administer appropriate PRN medicines 30-60 minutes prior to transfer (document in patient notes)
- Home Death Pack provided to carer (see Documentation)
- Expected Death Letter completed (provide to carer on discharge)
- Equipment supplied (or ETA confirmed)

Checklist completed by: **Role:**

Transfer discontinued due to:

- Patient died prior to transfer
- Family/carer issues
- Transport issues
- Other

Clinician Name: **Date:**

Designation: **Time:**

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QAS LETTER OF TRANSFER
(Photocopy and provide copy to QAS)

Date:

Time:

TO WHOM IT MAY CONCERN

PATIENT DETAILS

Name:

DOB:

Address:

Substitute Decision-Maker:

Phone:

This person is receiving treatment and palliative care support to manage symptoms related to a life-limiting illness. The person and family have planned for a home death.

In the event of death during transit, please note that this death was expected.

It has been agreed that if death were to occur during transit, the person is to be transported to the following address:

TRANSFER ADDRESS SHOULD DEATH OCCUR DURING TRANSIT

Please note:

- [Life Extinct Form](#) (email for access) can be completed by a medical practitioner, registered nurse or paramedic.
- **Cause of Death Certificate** can be completed by the person's GP or the treating team medical practitioner.

GP / NP / TREATING TEAM DETAILS

Name:

Phone:

Form completed by:

Name/Designation:

Signature:

Provider Number:

Phone:

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EXPECTED DEATH LETTER

(Photocopy and provide copy to family)

Date:

Time:

TO WHOM IT MAY CONCERN

PATIENT DETAILS

Name:

DOB:

Address:

Substitute Decision-Maker:

Phone:

This person has been receiving treatment and palliative care support to manage symptoms related to a life-limiting illness. The person and family have planned for a home death.

In the event that you have been asked to visit the person's home after the death, please note that this death was expected.

A [Life Extinct Form](#) (email for access) should be completed by a medical practitioner, registered nurse, police officer or paramedic, to allow the family to arrange a funeral director.

Cause of Death Certificate can be completed by the person's GP or the treating team medical practitioner.

GP / NP / TREATING TEAM DETAILS

Name:

Phone:

Form completed by:

Name/Designation:

Signature:

Provider Number:

Phone:

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