

Community Care Access Centre (CCAC) : 310-CCAC

Assessment and Diagnosis

Palliative Pain and Symptom Management Consultation Service	613-562-6397 or 1-800-651-1139
Palliative Radiation Program	613-737-7700 ext 10329
Regional Cancer Program	613-737-7700

Residential Care/Long Term Care

CCAC (for info and referral)	310-CCAC
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In Home Services

Professional

CCAC (new intake)	310-CCAC
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Support Services

Meals on Wheels	613-233-2424
Community Support Services (CCAC provides information and referral for this sector)	310-CCAC

Palliative Care Services

Hospice at May Court	613-260-2906
Friends of Hospice Ottawa	613-838-5744
Centre de services Guiges	613-241-1266 ext 241
Jewish Family Services of Ottawa	613-722-2225
Roger's House	613-523-6300
Mission Hospice	613-562-4500
Bruyere Continuing Care Regional Palliative Care Unit - clinical admissions	613-562-4262 Ext 4063
Existing Clients	Ext 6349
Palliative Outreach Program - Office	613-723-1184

Risk Management

Helpline	613-562-6368
Personal Alarm Systems (CCAC)	310-CCAC
Telephone Assurance Program	613-741-6025
SCOHS Falls Clinic	613-562-4262

Emergency Management (psychiatric and medical)

TOH General Campus	
Palliative Radiation Program	613-737-7700 ext 10329
Regional Cancer Program	613-737-7700

Transportation Assistance

Paratranspo	613-244-1289
Community Support Agencies (CCAC)	310-CCAC
Accessible Parking Applications (insert logo)	3-1-1
Canadian Cancer Society	613-723-1744

Respite Services / Caregiver Support

CCAC (information and referral)	310-CCAC
Veterans Affairs Canada	1-866-522-2122

Legal Services

Office of the Public Guardian and Trustee	1-800-366-0335
Geriatric Psychiatry Community Services	613-562-9777

Related Networks and Resource Links

Telehealth - 1-866-797-0000

Champlainhealthline - www.champlainhealthline.ca

Ottawa Hospice Palliative and End of Life Care Network Website - www.ohpcn.ca

01. Palliative Performance Scale



Palliative Performance Scale (PPSv2) version 2

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

02. Edmonton Symptom Assessment Scale

Edmonton Symptom Assessment System (ESAS)

Please circle the number that best describes:

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst possible pain

Not tired 0 1 2 3 4 5 6 7 8 9 10 Worst possible tiredness

Not nauseated 0 1 2 3 4 5 6 7 8 9 10 Worst possible nausea

Not depressed 0 1 2 3 4 5 6 7 8 9 10 Worst possible depression

Not anxious 0 1 2 3 4 5 6 7 8 9 10 Worst possible anxiety

Not drowsy 0 1 2 3 4 5 6 7 8 9 10 Worst possible drowsiness

Best appetite 0 1 2 3 4 5 6 7 8 9 10 Worst possible appetite

Best feeling of wellbeing 0 1 2 3 4 5 6 7 8 9 10 Worst possible feeling of wellbeing

No shortness of breath 0 1 2 3 4 5 6 7 8 9 10 Worst possible shortness of breath

Other problem 0 1 2 3 4 5 6 7 8 9 10

Patient's Name _____ Complete by (check one)
 Patient
 Caregiver
 Caregiver assisted

Date _____ Time _____

BODY DIAGRAM ON REVERSE SIDE

August, 2006

Used with permission from the Regional Palliative Care Program, Capital Health, Edmonton, Alberta, 2006

03. The Modified Caregiver Strain Index (CSI)

DIRECTIONS: Here is a list of things that other caregivers have found to be difficult. For each statement, please put a check mark in the box under the column that applies to you.

The higher the score on the Modified CSI, the greater the need for more in-depth assessment to facilitate appropriate intervention.

Yes, On a Regular Basis = 2 Yes, Sometimes = 1 No = 0

a. My sleep is disturbed (For example: the person I care for is in and out of bed or wanders around at night)	-----	-----	-----
b. Caregiving is inconvenient (For example: helping takes so much time, or it's a long drive over to help)	-----	-----	-----
c. Caregiving is physical strain (For example: lifting in and out of a chair, effort or concentration is required)	-----	-----	-----
d. Caregiving is confining (For example, helping restricts free time or I can't go visiting)	-----	-----	-----
e. There have been family adjustments (For example: helping has disrupted my routine, there has been no privacy)	-----	-----	-----
f. There have been changes in personal plans (For example: I had to turn down a job; I could not go on vacation)	-----	-----	-----
g. There have been other demands on my time (For example: other family members need me)	-----	-----	-----
h. There have been emotional adjustments (For example: severe arguments about caregiving)	-----	-----	-----
i. Some behavior is upsetting (For example: incontinence; the person cared for has trouble remembering things, or the person I care for accuses people of taking things)	-----	-----	-----
j. It is upsetting to find the person I care for has changed so much from his/her former self (For example: he/she is a different person that he/she used to be)	-----	-----	-----
k. There have been work adjustments (For example: I have to take time off for caregiving duties)	-----	-----	-----
l. Caregiving is a financial strain (For example: I get no support from state or local sources for my caregiving at home)	-----	-----	-----
m. I feel completely overwhelmed (For example: I worry about the person I care for; I have concerns about how I will manage)	-----	-----	-----
SUM RESPONSES FOR "YES, ON A REGULAR BASIS" (2 PTS EACH) AND "YES, SOMETIMES" (1 PT EACH)]			
TOTAL SCORE =			