

Physicians Recommendation for End-of-Life Care Instructions

TO AVOID UNNECESSARY DELAYS, PLEASE READ ALL INSTRUCTIONS CAREFULLY

- This form is to be completed by two physicians (either MD or DO)
- The Attending Physician is to complete the top portion of the form and mark their recommendations in sections C-H; the Consulting Physician, if in agreement with the Attending Physicians marked recommendations, completes section I at the bottom of the form.
- Follow instructions for each section (example mark one item yes, mark yes for all that apply)
- All items must be marked yes or no

In addition to this legibly completed form, please also submit:

Attending Physicians Recent Progress note- must be less than two weeks old; must include the physicians' clear recommendation for end-of-life care and why it is recommended

Consulting Physicians Recent Progress note- must be less than two weeks old; must include the physicians' clear recommendation for end-of-life care and why it is recommended

Medical records supporting the listed diagnoses (labs, diagnostic test results, consult notes, etc.), history and physical, and a few days of progress notes to show the Individual under Guardianships current condition

Please submit the completed information to
Attention: DAIL NURSE CONSULTANT at Fax 502-564-1203
OR email to DAILRN@ky.gov

Please include all required documentation within ONE fax or email.
If you are contacted regarding missing information, you will need to resend the full request when resubmitting the missing information

If you have any questions, please feel free to contact DAIL Nurse Consultants
Mary Ailiff, RN (502) 226-0578 OR Leanna McGaughey, RN (502) 229-5992

Please note that we must thoroughly review all requests to ensure we are making the best decision on behalf of our Individual under Guardianship. These reviews and approvals occur during regular business hours. The After-Hours Guardianship Hotline cannot accept, review, or approve any requests.

In accordance with Kentucky Revised Statute (KRS 311.621 TO 311.643 and Regulation (910 KAR 2:040) those who meet criteria for End-of-Life Care is anyone who:

- *Has a terminal condition- defined as a condition caused by injury, disease, or illness which in your estimation is incurable and irreversible and will result in death within a relatively short time, and where the application of life prolonging treatment would serve only to artificially prolong the dying process.*
- *Is permanently unconscious or in a persistent vegetative state- defined as a condition characterized by an absence of cerebral cortical function.*
- *Inevitable death is expected by reasonable medical judgement within a few days*

FOR AFTER HOURS GUARDIANSHIP EMERGENCY PLEASE CALL 844-550-9006

Revised: 11/09/2022