



**APPROVED ESSENTIAL VISIT PLAN  
Acute Care Settings**

**PATIENT LABEL**

Site / Unit: \_\_\_\_\_

Date: \_\_\_\_\_

Essential Visit Plan Approved By (Clinical Nurse Leader/ Charge Nurse or CSO): \_\_\_\_\_

APPROVED ESSENTIAL VISIT PLAN	
Essential Visitor Name	
Essential Visitor Contact Information <i>(for contact tracing)</i>	
<b>RATIONALE/NEED: Why are essential visits required?</b> Check all that apply AND add a supporting comment below.	
<b>Essential Care Needs due Compassionate Care</b>	
<input type="checkbox"/>	Critical Illness
<input type="checkbox"/>	Palliative, Hospice, End of Life Care or Hospital Medical Assistance in Dying
<input type="checkbox"/>	Pediatric/Neonatal/Perinatal Care
<input type="checkbox"/>	Extended Inpatient Care
<b>Essential Care Needs due to Physical Care and Mental Well-Being</b>	
<input type="checkbox"/>	Assistance with Feeding
<input type="checkbox"/>	Mobility and Personal Care / ADLs
<input type="checkbox"/>	Translation and Communication
<input type="checkbox"/>	Mental Well-Being / Emotional, Spiritual, Cultural Support
<input type="checkbox"/>	Decision-Making
<b>Comments</b>	
<b>VISIT SCHEDULE</b>	
<b>Date of First Visit:</b>	
<b>Date(s) of Weekly Review:</b>	
<b>Visit Schedule, if applicable:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Describe
<b>Visit Time of Day Restrictions:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Describe
<b>Visit Length Restrictions:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Describe
<b>Additional comments, considerations, or restrictions:</b>	

# Determining if Care Needs are Essential: Acute Care Settings

## Decision Support Tool for Clinicians in Acute Care Settings



The individual receiving care and services will designate a family member/support person and their care needs will be considered in collaboration with the care team:

### ► Compassionate Care Needs

<p><b>Critical Illness</b></p> <p><b>Does individual have a significant life threatening condition/ health change event?</b> (a condition reasonably expected to have significant complications in the next 12-24 hours i.e., sepsis, stroke, myocardial infarction requiring interventional procedure, etc.)</p> <ul style="list-style-type: none"> <li>• Intensive Care / Critical Care</li> <li>• Oncology (new diagnosis of life threatening cancer or medically unstable)</li> <li>• Major Surgery (i.e., cardiac or cancer surgeries and/or those requiring critical care)</li> </ul>	<p><b>Palliative &amp; End-of-Life Care or Hospice Medical Assistance in Dying</b></p> <p><b>Does individual have a life limiting condition with a PPS of 30% or less and/or disease trajectory where death is expected within three months?</b> (Goals of care focus on comfort through to the end of life as indicated by MOST M1, M2 or M3.)</p> <p><b>Is individual imminently dying?</b> (palliative performance scale (PPS) of 20% or less, minimal intake, life expectancy is hours-days)</p> <p><b>Does individual have plans for a medically assisted death?</b></p>	<p><b>Paediatric/ Neonatal/ Perinatal Care</b></p> <p><b>Is individual needing care and support in:</b></p> <ul style="list-style-type: none"> <li>• Inpatient Paediatrics?</li> <li>• Neonatal ICU?</li> <li>• Perinatal Services (i.e., antepartum, intrapartum, caesarean section, postpartum)?</li> </ul>	<p><b>Extended Inpatient Care</b></p> <p>(Individuals who are in care for an extended period of time and have unmet quality of life or care needs.)</p> <p><b>Has individual been admitted for more than 30 days?</b></p>
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### ► Needs Essential to Physical Care & Mental Well-Being

<p><b>Assistance with Feeding</b></p> <p><b>Is Individual at risk for:</b></p> <ul style="list-style-type: none"> <li>• nutritional decline?</li> <li>• significant weight loss?</li> </ul> <p><b>Does individual need special time/ attention to get enough nutritional intake?</b></p>	<p><b>Mobility &amp; Personal Care</b></p> <p><b>Does individual need support to move/complete ADLs to prevent functional decline?</b></p> <p><b>Does Individual need support in discharge teaching and planning to ensure a safe and successful discharge home?</b></p>	<p><b>Translation &amp; Communication</b></p> <p><b>Does individual need support to:</b></p> <ul style="list-style-type: none"> <li>• understand or keep track of important information?</li> <li>• demonstrate relevant care-planning details?</li> </ul>	<p><b>Emotional Support</b></p> <p><b>Does individual need:</b></p> <ul style="list-style-type: none"> <li>• specialized support due to a disability?</li> <li>• a therapeutic mental health strategy involving social connection to support their recovery process?</li> <li>• spiritual or cultural support that is essential to their mental and emotional well-being?</li> <li>• support during new diagnosis of life threatening illness?</li> </ul>	<p><b>Decision-Making</b></p> <p><b>Does individual need support to:</b></p> <ul style="list-style-type: none"> <li>• speak on their behalf/share and articulate their wishes?</li> <li>• inform medical decision making as a substitute decision maker?</li> </ul>
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**If the answer to any or all of the questions above is “yes”:**

### ► Confirm if Visit is Essential and Safe

- Consider care environment, current risks of transmission and availability of PPE.
- Ensure decision-making is a consistent and equitable process.

**Visit is Essential and Safe to proceed**

**Not Essential or Safe to proceed**  
Case conference with clinical team including social work to explore alternate opportunities for family to connect virtually.

- Actions Required:**
- Document plan for essential visit in the health record.
    - includes: family/support person’s name, rationale/ need for approved visit and visit schedule.
  - Family/Support people must follow site screening protocols, and wear a mask when visiting indoors (which includes when moving throughout the site, entering the room, and at all times when interacting with any/all care providers in the individual’s room).
  - Direct family/support person to perform hand hygiene.
  - See: *Essential Visits in Acute Care Settings* Flow Diagram.

- Actions Required:**
- Demonstrate compassion while explaining the reason for a no visit decision and provide individual or family with additional support if necessary.
  - Explore non-physical / virtual visit options – with particular attention to hardly reached individuals.
  - Document rationale for decision of “no visit” at this time.
  - Support care team members to access support resources if necessary.