Imminent WLSM Referral Assessment & Guidance *Ensure Absolute Exclusions are reviewed prior to assessment **LEGEND:** Patient on positive -Start/End pressure ventilation and/or a Caller states "WLSM START cardiovascular has already started" -Process Steps support device during this admission -Decision Close referral as 'Hospital policy/ Has the positive pressure ventilation staff prevents and/or cardiovascular support approach" device been discontinued? No Current systolic blood pressure less than 80mmHG? Currently on vasopressors/ Yes inotropes? Vasopressor/inotrope stopped in the last 2 hours? RTC/CSC Informs HCP that a coordinator will be speaking to the family. Review key RTC/CSC Informs HCP that a coordinator messages ie. Preserve opportunity by will be speaking to the family. Review key halting WLSM activities / not extubating messages ie. Preserve opportunity by halting WLSM activities / not extubating RTC/CSC to dispatch OTDC on-site/ telephone support as per usual process¹ RTC/CSC to dispatch OTDC on-site/ telephone support as per usual process¹ HCP to inform family using scripting for HCP, OTDC to ask HCP to restart "Part of what we do at end-of-life for every patient is contact vasopressors/inotropes "to preserve TGLN to learn if the patient may have the ability to help others the opportunity for approach". through organ and tissue donation. A TGLN coordinator will be HCP agrees? contacting you to discuss your end of life opportunities to help Close referral as others through organ and tissue donation" "Not Approached. Imminent WLSM. Using the note template for Imminent WLSM Assessment Family willing to OTDC Approach speak with OTDC? ¹IMPORTANT REMINDER Leading practice is that an OTDC approach in-person wherever possible. If an OTDC is on-site for an Close referral as per active case or during office hours, family's given reason contact them as soon as possible to request follow-up. Ontario Health **FND** Trillium Gift of Life Network