



<input type="checkbox"/> Has YKHC pediatric group been briefed and asked for feedback on concerns or issues?	<input type="checkbox"/> N/A
<input type="checkbox"/> Prior to patient returning, has care conference been scheduled with 1-2 pediatricians to represent group/consensus recommendations? Other key participants include: case managers, SRC providers, health aides, and family members.	<input type="checkbox"/> N/A
<input type="checkbox"/> Where will primary care occur – village, SRC, Bethel, or Anchorage?	<input type="checkbox"/> N/A
<input type="checkbox"/> Does home have electricity, running water, and a refrigerator?	<input type="checkbox"/> N/A
<input type="checkbox"/> Is there a back-up plan in place if electricity goes down?	<input type="checkbox"/> N/A
<input type="checkbox"/> Have family/caregivers received CPR training?	<input type="checkbox"/> N/A
<input type="checkbox"/> Does the family have needed emergency equipment? Ex: ambu bag (if no CHA available), suction, pulse-oximeter, oxygen, glucometer, etc. Have they received training on how to use this equipment?	<input type="checkbox"/> N/A
<input type="checkbox"/> Does the family have needed supplies: medications, beds, commodes, syringes, dressings, wheelchair, lotions, etc.?	<input type="checkbox"/> N/A
<input type="checkbox"/> If the patient is at risk for seizures, has the family received Diastat or intranasal midazolam and received the appropriate training?	<input type="checkbox"/> N/A
<input type="checkbox"/> If the patient has a G-tube, are the caregivers comfortable replacing it? Do they have emergency supplies, including an extra G-tube and Foley catheters in the same French size and smaller sizes?	<input type="checkbox"/> N/A
<input type="checkbox"/> If the patient has a port, are the caregivers comfortable accessing it? Have they received the appropriate training? Do they have all the supplies needed to access it?	<input type="checkbox"/> N/A
<input type="checkbox"/> Has an Informed Consent to Return to Village been customized for this patient and approved by Risk Management (Linda Weisweaver and Chris Beltzer as of 11/2022)? [See Peds Folder → Informed Consent to Return to Village for template.]	<input type="checkbox"/> N/A
<input type="checkbox"/> Have the caregivers completed the Informed Consent to Return to Village?	<input type="checkbox"/> N/A
<input type="checkbox"/> If patient is returning to the village against medical advice, have Risk Management, Clinical Director, and appropriate administrators been made aware?	<input type="checkbox"/> N/A
<input type="checkbox"/> If the patient is DNR/DNI/Comfort Care, have the Expected Home Death Forms been completed? Has the POLST Form been completed? Does family have enough medications needed for comfort care?	<input type="checkbox"/> N/A
<input type="checkbox"/> Have all current and anticipated prescriptions with refills been ordered on the YKHC RAVEN Medication List?	<input type="checkbox"/> N/A
<input type="checkbox"/> Is there a prescription for electrolyte replacement solution (ex: Pedialyte)?	<input type="checkbox"/> N/A
<input type="checkbox"/> Has the YKHC RAVEN Problem List been updated with care plans, follow-up needs, therapeutic parameters, etc.?	<input type="checkbox"/> N/A
<input type="checkbox"/> Has a clinic appointment been scheduled to establish care at YKHC?	<input type="checkbox"/> N/A
<input type="checkbox"/> Have the health aides been notified of the complex needs of this patient?	<input type="checkbox"/> N/A
<input type="checkbox"/> Have the nearest SRC providers been notified of the complex needs of this patient?	<input type="checkbox"/> N/A
<input type="checkbox"/> After the care conference: has a detailed note been placed in the chart summarizing the care conference? Has this note been sent by email to the pediatric group, case managers, and SRC providers?	<input type="checkbox"/> N/A
<input type="checkbox"/> Has family referral to YKHC BH been offered?	<input type="checkbox"/> N/A
<input type="checkbox"/> Have VTC appointments been set up for patient and family?	<input type="checkbox"/> N/A

This resource is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guideline Committee 1/11/23.

If comments about this resource, please contact Leslie_Herrmann@ykhc.org.