RÉSEAU DE SANTÉ vitalité HEALTH NETWORK

REQUEST FOR CLINICAL ETHICS CONSULTATION
Ethics

☑ Vitalité Zone : ❒ 1B ❒ 4 ❒ 5 ❒ 6

Facility : _____

To obtain a Clinical Ethics Committee consultation, complete this form and send it to the Clinical Ethics Consultant (pierrette.fortin@vitalitenb.ca) or to the Regional ethics office (ethique.ethics@vitalitenb.ca) of Vitalité Health Network.

1. Information

Date of request: _____ Time: _____

Requester: _____ Care unit: _____

Name of patient (if different from requester): _____

Date of birth of patient: _____

Relationship to patient, if applicable:

_____
_____

If the requester is not the patient, has the latter or his or her next of kin or legal representative consented to this request for consultation?

☐ Yes ☐ No

Names of the patient's family members or significant persons who should attend this meeting:

_____
_____
_____
_____

Names of the care team members who should attend this meeting:

_____
_____

Urgency of response: ☐ < 24 hrs.* ☐ > 24 hrs.
*Reason for urgency, if applicable:

_____
_____

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2. Reason for consultation

Brief description of the facts surrounding this difficult decision making:

_____
_____
_____
_____
_____
_____

Topics to be addressed

☐ Resuscitation or not

☐ Withdrawal of treatment

☐ Refusal of treatment

☐ Palliative care / continuous sedation

☐ Uncertainty around care to be provided

☐ Advance directives

☐ Substitute consent / Best interest

☐ Lack of consensus around care

☐ Withholding of treatment

☐ Other (specify):_____

3. Brief description of steps taken to date :

☐ Discussion with patient

☐ Discussion with next of kin or legal representative

☐ Discussion with care team

☐ Other (specify):

_____
_____
_____

4. What is expected of the Clinical Ethics Consultant

_____
_____
_____
_____

_____ _____

Signature of requester Date: yyyy-mm-dd.