www.Champlainhealthline.ca Primary Health Care Desktop Resource Guide ► Palliative Care ► Ottawa

Community Care Access Centre (CCAC) : 310-CCAC

Champlainhealthline.ca

Assessment and Diagnosis

Palliative Pain and Symptom Management Consultation Service	613-562-6397 or 1-800-651-1139
Palliative Radiation Program	613-737-7700 ext 10329
Regional Cancer Program	613-737-7700

Residential Care/Long Term Care

CCAC (for info and referral)	310-CCAC

In Home Services

Professional	
CCAC (new intake)	310-CCAC
Support Services	
Meals on Wheels	613-233-2424
Community Support Services	310-CCAC
(CCAC provides information and referral for this sector)	

Palliative Care Specific Services

Hospice at May Court	613-260-2906
Friends of Hospice Ottawa	613-591-6002
Centre de services Guiges	613-241-1266 ext 241
Jewish Family Services of Ottawa	613-722-2225
Roger's House	613-523-6300
Mission Hospice	613-562-4500
Bruyere Continuing Care Regional	613-562-4262
Palliative Care Unit - clinical admissions	Ext 4063
Existing Clients	Ext 6349
Palliative Outreach Program - Office	613-723-1184

Risk Management

Helpline	613-562-6368
Personal Alarm Systems (CCAC)	310-CCAC
Telephone Assurance Program	613-741-6025
SCOHS Falls Clinic	613-562-4262

Emergency Management (psychiatric and medical)

TOH General Campus	
Palliative Radiation Program	613-737-7700 ext 10329
Regional Cancer Program	613-737-7700

Transportation Assistance

Paratranspo	613-244-1289
Community Support Agencies (CCAC)	310-CCAC
Accessible Parking Applications (insert logo)	3-1-1
Canadian Cancer Society	613-723-1744

Respite Services / Caregiver Support

CCAC (information and referral)	310-CCAC
Veterans Affairs Canada	1-866-522-2122

Legal Services

Office of the Public Guardian and Trustee	1-800-366-0335
Geriatric Psychiatry Community Services	613-562-9777

Related Networks and Resource Links

Telehealth - 1-866-797-0000

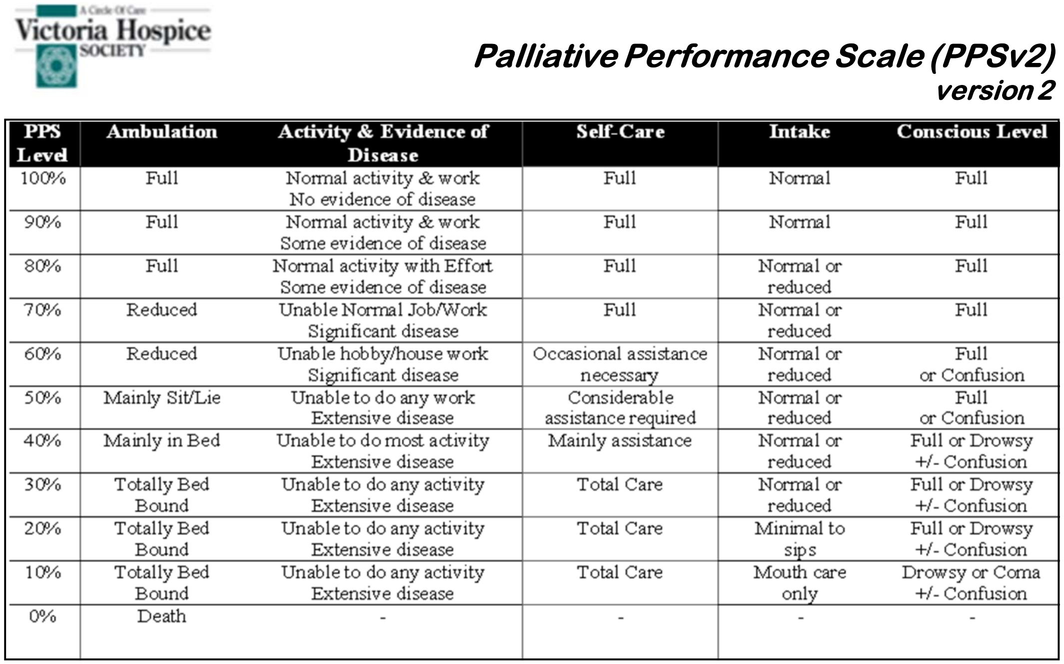
Champlainhealthline - www.champlainhealthline.ca

Ottawa Hospice Palliative and End of Life Care Network Website - www.ohpcn.ca

Updated:*May 16, 2012*

Related Assessment tools adjacent & on reverse

01. Palliative Performance Scale



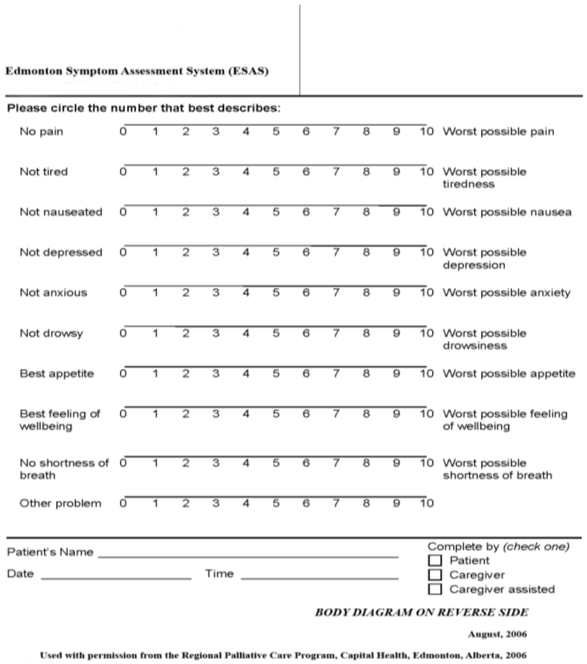
A Circle Of Care
Victoria Hospice
SOCIETY

Palliative Performance Scale (PPSv2)

version 2

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

02. Edmonton Symptom Assessment Scale



Edmonton Symptom Assessment System (ESAS)

Please circle the number that best describes:

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst possible pain
Not tired	0	1	2	3	4	5	6	7	8	9	10	Worst possible tiredness
Not nauseated	0	1	2	3	4	5	6	7	8	9	10	Worst possible nausea
Not depressed	0	1	2	3	4	5	6	7	8	9	10	Worst possible depression
Not anxious	0	1	2	3	4	5	6	7	8	9	10	Worst possible anxiety
Not drowsy	0	1	2	3	4	5	6	7	8	9	10	Worst possible drowsiness
Best appetite	0	1	2	3	4	5	6	7	8	9	10	Worst possible appetite
Best feeling of wellbeing	0	1	2	3	4	5	6	7	8	9	10	Worst possible feeling of wellbeing
No shortness of breath	0	1	2	3	4	5	6	7	8	9	10	Worst possible shortness of breath
Other problem	0	1	2	3	4	5	6	7	8	9	10	

Patient's Name ____________________

Date ____________ Time ____________

Complete by *(check one)*
☐ Patient
☐ Caregiver
☐ Caregiver assisted

BODY DIAGRAM ON REVERSE SIDE

August, 2006

Used with permission from the Regional Palliative Care Program, Capital Health, Edmonton, Alberta, 2006

03. The Modified Caregiver Strain Index (CSI)

DIRECTIONS: Here is a list of things that other caregivers have found to be difficult. For each statement, please put a check mark in the box under the column that applies to you.

The higher the score on the Modified CSI, the greater the need for more in-depth assessment to facilitate appropriate intervention.

	Yes, On a Regular Basis = 2	Yes, Sometimes = 1	No = 0
a. My sleep is disturbed (For example: the person I care for is in and out of bed or wanders around at night)			
b. Caregiving is inconvenient (For example: helping takes so much time, or it's a long drive over to help)			
c. Caregiving is physical strain (For example: lifting in and out of a chair, effort or concentration is required)			
d. Caregiving is confining (For example, helping restricts free time or I can't go visiting)			
e. There have been family adjustments (For example: helping has disrupted my routine, there has been no privacy)			
f. There have been changes in personal plans (For example: I had to turn down a job; I could not go on vacation)			
g. There have been other demands on my time (For example: other family members need me)			
h. There have been emotional adjustments (For example: severe arguments about caregiving)			
i. Some behavior is upsetting (For example: incontinence; the person cared for has trouble remembering things, or the person I care for accuses people of taking things)			
j. It is upsetting to find the person I care for has changed so much from his/her former self (For example: he/she is a different person that he/she used to be)			
k. There have been work adjustments (For example: I have to take time off for caregiving duties)			
l. Caregiving is a financial strain (For example: I get no support from state or local sources for my caregiving at home)			
m. I feel completely overwhelmed (For example: I worry about the person I care for; I have concerns about how I will manage)			

SUM RESPONSES FOR "YES, ON A REGULAR BASIS" (2 PTS EACH) AND "YES, SOMETIMES" (1 PT EACH)] **TOTAL SCORE =**