

# 当施設における医療体制の説明書

The medical care system at our facility is as follows:

•The cooperating medical institution for our facility is "Kida Home Clinic." We provide regular medical examinations at least twice a month and a 24-hour contact and house call system to manage the health of the patient and respond to any changes in condition. We can also cooperate with other medical institutions.

•This facility is not a medical institution, but a place for lifestyle support and rehabilitation. Please understand in advance that there are some medical services that we cannot provide.

3) If the doctor judges that the patient's condition is stable and the risk of side effects is low,

Staff other than doctors and nurses (caregivers, etc.) may carry out the following actions: Applying ointments to the skin,

applying compresses, administering eye drops, taking oral medications in packets, assisting with the use of medicines such as inhalation, and inhalation (only staff who have received the required training), etc.

•There is no doctor on-site at this facility.

•In the event of an emergency arising from a change in a resident's condition (such as house calls, hospital visits, and follow-up observations), the nurse will contact the doctor and respond according to the doctor's instructions.

• In the event of an emergency involving a change in the resident's condition, a nurse will be in charge (or a care worker may be in charge at night). Please provide multiple contact details.

•If a doctor at our facility determines based on medical knowledge that a patient has no hope of recovery and that there is little possibility of active treatment at a medical institution, we can provide "terminal care" at your request. In such cases, we provide the following: - There are no time restrictions on escorts or visitors, but nighttime visits (outside of

9:00am-6:00pm)

Please contact us in advance about this.

- We will provide terminal care by formulating a support plan that respects the wishes of the resident and guarantor as much as possible.
- We will ask about your wishes for medical treatment if your condition worsens.

•If a doctor at our facility determines that a patient needs to be seen at a hospital based on medical knowledge and there is a chance of recovery, we will transport the patient by ambulance upon request. In such cases, the following measures will be

taken. •Staff members will not ride in the ambulance when the patient is transported

by ambulance. •The patient will be taken to the hospital by a guarantor, care manager, counselor, or person in charge.

We will respond to your inquiries via the following:

•This facility is not a hospital, so depending on the time of inspections and vital signs checks, breathing may stop. The times of inspections and vital signs checks vary depending on the resident, but they are carried out three times during the day and twice at night.

•These matters were explained to you. Date: Year, Month,

Day of Reiwa Explanation by:

## End-of-life consent form

~~I have been informed of the terminal care for (resident name: ), based on the doctor's diagnosis and the facility's end-of-life guidelines, and this is in line with our wishes. I have confirmed and agree to the following:~~

Record

As of , 2020, we will no longer provide painful treatment or life-prolonging treatment to residents, such as medical institutions.

In addition, even if residents fall into a critical condition, they do not wish to be transported to a hospital and will spend their final moments at our facility.

We respect the will and personality of each resident and provide physical and mental assistance.

We will provide terminal care in a way that relieves pain and suffering as much as possible, in consultation with and under the direction of a doctor.

We will endeavor to provide and share information in accordance with the wishes of the resident and guarantor. However, if there are any changes in the wishes or intentions of the resident or guarantor, we will review the support plan and provide assistance according to their wishes.

If the patient's condition worsens during the late night hours (10pm to 6am),

I will come to your office right away. I will come to your office tomorrow morning. Other ( )

If your condition worsens, we will contact you at any time. We will contact you in the following order:

Masu.

1. Name:

relationship:

telephone number:

2. Name:

relationship:

telephone number:

3. Name:

relationship:

telephone number:

that's all

Dot Home Honda (Nursing Home)

Reiwa Year Month Day

User name:

mark

Guarantor's name:

Seal (relationship)

address:

(Other guarantors) Name: Address:

Seal (relationship)

ÿExplanatory Doctorÿ

Name of medical institution:

full name:

Facility witness:

Job title:

Name: