

Palliative Care Consultation Referral Guide

This checklist will help you determine whether a patient needs a palliative care consultation and plan the visit.

Triggers for Consultation (choose all that apply)

- Uncontrolled pain, nausea, vomiting, dyspnea, constipation, delirium, fatigue, agitation and/or anxiety
- Lack of/incongruent/unrealistic goals of care
- Uncontrolled spiritual/psychosocial symptoms
- Documented poor prognosis
- Multiple Emergency Room visits/911 calls/visits to the doctor
- Multiple hospital admissions/readmissions
- Not a candidate for curative treatment
- Patient interested in additional information about palliative care (including hospice)
- Progressive weakness, decline in functioning impacting quality of life
- Family has conflicting goals of care that impact treatment plan/quality of life
- Member home bound/bed bound
- Repeat/multiple infections
- Considering invasive life-sustaining treatments
- Dementia with poor speech, aspiration, ambulation
- New cancer diagnosis

Goals of Consultation (choose all that apply)

- Decrease frequency of hospital admissions
- Decrease frequency of emergency room visits/calling 911
- Improve member's quality of life
- Assess reason(s) for poor symptom management/provide recommendations for symptom management (e.g., pain, dyspnea, anxiety, constipation, nausea, vomiting, delirium, fatigue and/or anxiety)
- Facilitate advance care planning discussion and assist with clarification of goals
- Assess psychosocial/spiritual issues, provide support to member and family, and assist with implementing changes
- Educate about palliative care options
- Assess member's functioning in home setting and make recommendations for improvement, support member/family/doctor in implementing these recommendations
- Discuss treatment options