

Patient Name/Label

Referral Form: Palliative Care Consult

An assessment by the palliative care team will aim to develop a multidisciplinary care plan for your patient.

Referring Physician/Nurse Practitioner: _____ Billing Number: _____

Patient Name: _____ Date of Birth: _____

Telephone: _____ Alternative Family Contact #: _____ Relationship: _____

Address: _____

How can I help you in your care of this patient? (Please indicate if requesting a full Palliative Consult)

Check of specific areas of concern if applicable:

- Symptom Management Prognosis Transition planning Interfamily conflict
 Psychosocial support Goals of Care End of Life Care Withdrawal of life-sustaining treatment

Diagnosis & Current Treatment Goals:

One Time Consultation

Follow Up

Current Location (check one): Community () Inpatient () Residential Care () - Facility: _____

Palliative Performance Scale: 10-100% (please see attached) PPS: _____ Date: _____

Other Information (if known):

- Patient understands medical condition/diagnosis () and prognosis ()
 Patient consents to share medical information with family - Primary contact: _____
 Patient is signed up for BC Palliative Benefits
 Patient has completed an Expected Death at Home form
 Patient has been referred to Hospice or NavCare
 MOST designation:

TRIAGE URGENCY: [to be completed by referring physician]

- Emergent** (< 1 week) e.g., pain or symptom crisis
 Urgent (1-2 weeks) e.g., psychosocial crisis; family support; pain/symptom management; transitioning to home care
 Non-Urgent (2-4 weeks) e.g., discharge planning; decision making; information/education re: palliative care

Physician Signature: _____ Date: _____

Telephone: _____

For Office Use Only

Appt Date: _____ Appt Time: _____ Date Notified: _____

Appt given to: Patient Other: _____ By Whom: _____

Information for Referring Physician/Practitioner

- Referrals must be accompanied by current and pertinent clinical information including consultations, clinical notes, laboratory and diagnostic information.
- Referrals are reviewed and appointments scheduled based on the stated urgency (see below), the Palliative Performance Scale (see below) and the patient's residence within the catchment area.
- The patient will be seen and assessed by the palliative care physician and members of the team. A care plan will be developed based on the patient's current needs. A full palliative consult may include assessment of symptom management and prognosis. Please indicate if you would prefer specific issues not be addressed. The assessment and recommendations will be reviewed with the referring physician, and it will be the responsibility of the MRP to decide on changes to the Plan of Care.
- Follow up care may be requested by the referring physician based on patient needs after the initial consultation.

Urgency

Symptoms are best rated using a 10 point scale (0 none-10 worst) i.e. the Edmonton Symptom Assessment Scale. (http://palliative.org/NewPC/_pdfs/tools/ESAS-r.pdf)

Emergent (<1 week): Severe symptoms (7 – 10/10), severe psychosocial distress or dysfunction or prognosis < 1 month

Urgent (1-2 weeks): Moderate symptoms (4 – 6/10), moderate psychosocial difficulties or prognosis 1 – 3 months

Non-Urgent (2-4 weeks): No or mild symptoms or prognosis 3 – 12 month

Due to limitations in coverage for our area, a palliative care physician may not be available to take your call. In these circumstances, please contact the Provincial Palliative Care Line at 1-877-711-5757 for advice with symptom management, psychosocial issues, or difficult EOL decision making.



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 <i>with</i> 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	-	-	-	-