

When to Consider Palliative Care

Palliative Care is care focused on the relief of symptoms and stress associated with serious illness. Palliative Care may be appropriate for a patient in any stage of a serious or chronic disease and can be provided at the same time as all other medical treatments, including curative therapies.

Common Reasons for Referral

- *Pain and Symptom Management* stemming from life-limiting illness
- Need for discussion around *Goals of Care*
- Address *Advance Care Planning* Issues
- Clinically appropriate for hospice, but patient and/or family is not ready

Considerations for Referral

- Does the patient have an advanced or otherwise life-limiting illness?
- Would you be surprised if the patient died within the next 12 months?
- Have there been multiple hospital admissions or ER visits in the last 6 months?
- Has the patient experienced significant functional decline in the last 6 months?
- Is the patient experiencing one or more of the following symptoms?
 - Pain, Shortness of breath, Decubitus Ulcers, Cachexia, Anxiety, Agitation/Restlessness, Constipation/Diarrhea, Recurrent Aspiration
- Are there psychosocial issues stemming from the patient's disease?
 - Caregiver stress, Unrealistic expectations regarding disease course by patient or family, lack of advance directives or health care proxy

For more information on palliative care and the services available in your area, contact:

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Disease Specific Considerations for Referral

The following guidelines may be helpful; however, they are not all-inclusive and are not intended to exclude someone otherwise appropriate for palliative care services.

Cancer

Any cancer with generalized metastases
Metastasis to brain, liver, bone, or
Inoperable/untreatable

Dementia

Inability to walk without assistance
Incontinence
Fewer than six intelligible words
Albumin < 2.5 or decrease PO intake
Frequent ER visits

Failure to Thrive

Malnutrition and muscle wasting
Frequent ER visits
Albumin <2.5
Unintentional weight loss
Decubitus ulcers
Homebound/bed-confined

Heart Disease/CHF

CHF symptoms at rest
New dysrhythmia
Cardiac arrest, MI
Frequent ER visits for symptoms

Liver Disease

Albumin <2.5
Jaundice
Refractory ascites
Malnutrition and muscle wasting

Multi-System Comorbidities or Failure

Frequent ER visits
Albumin < 2.5
Unintentional weight loss
Decubitus ulcers
Homebound/bed-confined

Neurological Disease (ALS, MS, Parkinson's)

Rapid progression in last year
Impaired breathing at rest
Insufficient nutrition/hydration
Recurrent aspiration/pneumonia
UTI, Sepsis, Recurrent Fever, Decubitus ulcers

Pulmonary Disease/COPD

Dyspnea at rest
Signs or symptoms of right heart failure
O₂ Sat on O₂ of <88%
Unintentional weight loss

Renal Disease or Failure

Chronic Kidney Disease, Stage 3 or 4
Dialysis or Severe Renal Insufficiency

Stroke

Post-stroke dementia
Poor functional status
Unintentional weight loss
Albumin < 2.5