



## 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



## **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**

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

### **Stroke**

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

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

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