

Criteria for Palliative Care Consultation
(for information only)

- The patient has a diagnosis of a life threatening illness or is facing end of life issues

OR

- The patient has anticipated prognosis of weeks or months rather than years

AND one or more of the following:

- Need for increased support for symptom management
 - ___ Pain
 - ___ Shortness of breath
 - ___ Nausea
 - ___ Other _____
- Need to discuss Advance Directives, including code status
- Desire to die at home or be discharged home and need for coordination or augmentation of care at home
- Patient request
- Decreased ability to travel to office or clinic and care needs exceed that which the family physician can provide at home.

****If a referral is received from a physician other than the family physician, the approach will be as follows:**

1. Routine referrals will be seen by a palliative care consultation nurse. She/he will assess the patient and liaise with the family physician, the referring physician and the palliative care team. If at any time it is felt that a palliative care physician visit is warranted, a team member will notify the family physician of the involvement of the Palliative Care physician. At this time, any concerns can be made known to the palliative care physician
2. If the referral is urgent, the patient will be seen by the palliative care physician as per usual process. A note will be faxed to the family physician to inform him/her of the consult. A dictated consultation letter will follow.

NB: Non-urgent referrals will frequently be seen by the Palliative Care Consultation Nurse

Oct07

... a partnership between

