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Palliative Care Referral Guidelines

Palliative Care Clinic Location:	Valley Specialty Center 3rd floor 751 S. Bascom Ave.
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This information is designed to aid practitioners in making decisions about appropriate medical care. These guidelines should not be construed as dictating an exclusive course of treatment. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institutional type of practice.

E-CONSULT DISCLAIMER:

E-consults are based on the clinical data available to the reviewing provider, and are furnished without benefit of a comprehensive evaluation or physical examination. All advice and recommendations must be interpreted in light of any clinical issues, or changes in patient status, not available to the reviewing provider. The ongoing management of clinical problems addressed by the e-consult is the responsibility of the referring provider. If you have further questions or would like clarifications regarding e-consult advice, please contact the reviewing provider. If needed, the patient will be scheduled for an in-office consultation.

All URGENT consultations require provider-to-provider communication. If your patient has a medical emergency, please direct them to the closest emergency room for expedited care.

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PALLIATIVE CARE

1. **Background**
    a. Palliative Care is specialized medical care for people with serious illnesses.
        i. Provides patient and family-centered care to optimize quality of life at any age and at any stage in a serious illness.
        ii. Addresses physical, psychosocial, and spiritual needs through a team of doctors, nurses, social workers, spiritual care providers, and other specialists.
        iii. Can be provided along with curative treatment, and the palliative care team works with patients' other doctors to provide an extra layer of support.
        iv. Early palliative care has been shown to improve quality of life and mood, as well as provide significant symptom improvement (pain, fatigue, anxiety, sleep, nausea, dyspnea). Among patients with metastatic non–small-cell lung cancer, patients receiving early palliative care had less aggressive care (less chemo, less ICU care) at the end of life but longer survival.
    b. Palliative Care is different from Hospice Care
        i. Palliative care can begin as soon as a patient is diagnosed with a serious illness and can be provided at the same time as curative or life-prolonging treatment.
        ii. Hospice Care focuses on the unique needs of terminally ill patients.
    c. What can palliative care offer?
        i. Time to explain and discuss their condition and treatment options;
        ii. Guidance with making complex treatment decisions, based on patients' wishes and values;
        iii. Specialty level management of distressing symptoms associated with a serious illness, including pain, dyspnea, nausea, constipation, insomnia, anxiety, and depression;
        iv. Comprehensive assessment of social and spiritual needs;
        v. An additional level of care coordination with primary care and specialties;
        vi. Assistance with advance care planning, including completion of ACP documents such as advance directives and POLST forms;
        vii. Counseling on the appropriate time to transition to hospice care
    d. Resources:

i. Fast Facts and Concepts provide concise, practical, peer-reviewed, and evidence-based summaries on key topics in Palliative Medicine - https://www.mypcnow.org/fast-facts

2. **Pre-referral evaluation and treatment**
3. **Indications for referral**
    a. Do I need a Palliative Care consult to enroll a patient in hospice?
        i. Not necessarily - if the patient has a good understanding of hospice and is agreeable to it, you can refer the patient directly to hospice. **If you need further assistance in discussing hospice, please contact our team. We are on AMION under Palliative Care.**
    b. Urgent/Priority referrals:
        i. Patients recently hospitalized for complications or exacerbations of Advanced/End Stage Disease including Liver, Renal, Pulmonary, Neurological or Cardiac.
        ii. Patients recently hospitalized for complications of metastatic cancer and/or significantly enlarging tumor burden.
        iii. Symptom management with poorly controlled symptoms for patients with the above illnesses.
    c. Routine referrals:
        i. Any serious or life-limiting disease: incurable cancer, advanced pulmonary, liver, renal or cardiac illness
        ii. Progressive neurological disease such as ALS, Parkinson's Disease, advanced dementia
        iii. Debilitating rheumatologic, immunologic, or endocrinology disease
        iv. **Routine referral i-iii above if at least one of the following additional criteria is met:**
            1. Frequent ED visits or hospital admissions
            2. Guidance regarding symptom management
            3. Advance care planning needs
            4. Patient/Family needs assistance in coping with life-limiting illness
            5. Assistance with helping the patient and family understand the illness and treatment options
    d. Do not refer: **The following conditions alone fall outside the clinic's scope of care:**
        i. **Chronic nonmalignant pain with no serious/life-limiting illness**
        ii. **Substance abuse disorder**

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