Brockville General Hospital

PALLIATIVE CARE PROGRAM REFERRAL

613-345-5649 EXT. 52170 - FAX 613-342-4972

As of November 2022

☐ Did the Patient and/or SDM provide consent for the referral?

☐ Does the Patient have a Life Limiting Diagnosis with a potential life expectancy of less than 12 months?

☐ Have the ☐Diagnosis, ☐ Prognosis, ☐Code Status, and ☐Goals of Care been discussed with the Patient and/or substitute decision maker (SDM)?

☐ Does the Patient require symptom management?

PART 1 – PATIENT INFORMATION

Patient Name: _____

Date of Birth (YYYY/MM/DD): _____

Marital Status: _____

Address: _____

_____

Phone Number: _____

Primary Contact (if not patient): _____

Phone Number: _____

Power of Attorney Name: _____

Phone Number: _____

Primary Care Physician/Nurse Practitioner Name:

_____

Office Number: _____

Fax Number: _____

Specialist Name: _____

Office Number: _____

Fax Number: _____

Health Card Number: _____

Version Code: ____

PART 2 – MEDICAL INFORMATION

Is patient a reliable source of information? Yes ☐ No ☐

Is Home Care involved? Yes ☐ No ☐

Primary Dx:

Do Not Resuscitate (DNR):
Yes ☐ No ☐ DNR-C ☐

Treatment Plan:

Past Medical History:
☐ See Attached

Intent:
Palliative ☐ Curative ☐

Palliative Performance Scale:

Phase of Illness: (See Page 2)
☐ Phase 1: Stable
☐ Phase 2: Unstable
☐ Phase 3: Deteriorating
☐ Phase 4: Terminal
☐ Phase 5: Bereaved

Estimated Prognosis:
Days ☐ Weeks ☐ Months ☐

Medications:
☐ See Attached

Allergies:

Other:

Pain /10	SOB /10
Tiredness /10	Depression /10
Drowsiness /10	Anxiety /10
Nausea /10	Well-being /10
Appetite /10	Other /10

Referred By: _____

Referral Date (YYYY/MM/DD): _____

Comments:

Phase of Illness	Patient in this phase when	Phase ends when
Stable	Patient's problems and symptoms are adequately controlled by the established plan of care and further interventions to maintain symptom control and quality of life have been planned and family/carer situation is relatively stable and no new issues are apparent.	The needs of the patient and/or family/carer increase, requiring changes to the existing plan of care.
Unstable	An urgent change in the plan of care or emergency treatment is required because the patient experiences a new problem that was not anticipated in the existing plan of care and/or the patient experiences a rapid increase in the severity of a current problem and/or family/carer circumstances change suddenly impacting patient care.	The new plan of care is in place, it has been reviewed and no further changes to the care plan are required. This does not necessarily mean that the symptom/ crises has fully resolved but there is a clear diagnosis and plan of care (i.e. patient is stable or deteriorating) and/or death is likely within days (i.e. patient is now dying).
Deteriorating	The care plan addresses anticipated needs, but requires periodic review, because the patient's overall functional status declines and the patient experiences a gradual worsening of existing problem(s) and/or the patient experiences a new, but anticipated, problem and/or the family/carer experiences gradual worsening distress that impacts the patient care.	Patient condition plateaus (i.e. patient is now stable) or an urgent change in the care plan or emergency treatment and/or family/carers experience a sudden change in their situation that impacts patient care, and urgent intervention is required (i.e. patient is now unstable) or death is likely within days (i.e. patient is now dying).
Dying	Dying: death is likely within days.	Patient dies or patient condition changes and death is no longer likely within days (i.e. patient is now stable and/or deteriorating).
Deceased	The patient has died; bereavement support provided to family/carers is documented in the deceased patient's clinical record.	Case is closed.

[1]M. Masso, S. Frederic. Allingham, M. Banfield, C. Elizabeth. Johnson, T. Pidgeon, P. Yates & K. Eagar. (2015). Palliative care phase: inter-rater reliability and acceptability in a national study. *Palliative Medicine*. *29*(1). 22-30.

[2]Mather, H., Guo, P., Firth, A., Davies, J.M., Sykes, N., Landon, A., Mirtagh, F. E. (2017) Phase of Illness in palliative care: Cross-sectional analysis of clinical data from community, hospital and hospice patients. *Palliative Medicine. 32*(2). 404-412. https://doi.org/10.1177/0269216317727157

Palliative Performance Scale (PPS)

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Level of Conscious
100	Full	Normal activity, no evidence of disease	Full	Normal	Full
90	Full	Normal activity, some evidence of disease	Full	Normal	Full
80	Full	Normal activity with effort, some evidence of disease	Full	Normal or reduced	Full
70	Reduced	Unable to do normal work, some evidence of disease	Full	Normal or reduced	Full
60	Reduced	Unable to do hobby or some housework, significant disease	Occasional assist 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 any work, extensive disease	Mainly assistance	Normal or reduced	Full, drowsy, or confusion
30	Totally bed bound	Unable to do any work, extensive disease	Total care	Reduced	Full, drowsy, or confusion
20	Totally bed bound	Unable to do any work, extensive disease	Total care	Minimal sips	Full, drowsy, or confusion
10	Totally bed bound	Unable to do any work, extensive disease	Total care	Mouth care only	Drowsy or coma
0	Death	—	—	—	—