

Criteria for registration with NS Palliative & Supportive Care:

THE "SURPRISE" QUESTION	'Would you be surprised if this patient were to die in the next 6-12months'
CHOICE/ NEED	The patient with advanced disease makes a choice for comfort care only.
CANCER	Any patient whose cancer is metastatic or not amenable to curative treatment. If PPS is 50%, prognosis is estimated to be about 3 months or less.
Heart Disease - CHF	At least two of the indicators below :- <ul style="list-style-type: none"> CHF NYHA stage III or IV — shortness of breath at rest or minimal exertion Patient thought to be in the last year of life by the care team - the "surprise" question 2 hospital admissions with symptoms of heart failure Difficult physical or psychological symptoms despite optimal tolerated therapy
COPD	<ul style="list-style-type: none"> Disease assessed to be severe e.g. (FEV1 <30%predicted — with caveats about quality of testing) Recurrent hospital admission (>2 admissions in 12 months for COPD exacerbations) Fulfills Long Term Oxygen Therapy Criteria MRC grade 4/5 — shortness of breath after 100 meters on the Signs and symptoms of right heart failure Combination of other factors e.g. anorexia, depression >6 weeks of systemic steroids for COPD in the preceding 12 months
ALS/MOTOR NEURON DISEASE	These patients should be referred from diagnosis, as it is a rapidly progressing condition They need to make clear and informed choices regarding treatment plans
STROKE	Persistent vegetative or minimal conscious state / dense paralysis / incontinence <ul style="list-style-type: none"> Cognitive impairment / Post-stroke dementia or Lack of improvement within 3 months of onset
ENDSTAGE KIDNEY DISEASE	No option or no choice for dialysis or transplant or severe co morbidities
FRAILITY	Multiple co-morbidities with signs of impairments in day to day functioning Deteriorating PPS 50% or less Combination of at least 3 symptoms of: weakness, slow walking speed, low physical activity, weight loss.
DEMENTIA	<ul style="list-style-type: none"> PPS 50% or less any one of the following: 10% weight loss in previous six months, UTI, serum albumin 25 g/l, pressure sores, recurrent fevers, reduced oral intake / aspiration pneumonia
MS	<ul style="list-style-type: none"> Significant complex symptoms and medical complications Dysphagia is a key symptom, communication difficulties, dementia onset
PARKINSONS	Drug treatment is no longer as effective / an increasingly complex regime of drug treatments <ul style="list-style-type: none"> Reduced independence, need for help with daily living, Swallowing problems

Palliative Performance Scale (PPS):

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work 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 Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/housework Significant disease	Occasional assistance 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 most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or coma +/- Confusion

Accessing support for your Palliative patients:

<p>To register patient with NS Palliative Care Program</p>	<p>Fax completed referral form to PCU 604 984 3798 Please send as much info as possible Need referral form: Call Jane Jordan 604 984 3743 or download from www.coastalpalliativecare.ca</p>
<p>Patient may need admission to PCU (7W) for acute symptom control</p>	<p>Direct Admission to PCU is possible for ACUTE Palliative Symptoms that cannot be controlled at home. Call PCOC who may be able to help with community resources or arrange admission 604 984 5738</p>
<p>Patient who may be appropriate for HOSPICE admission</p>	<p>Complete Hospice paperwork . Need admission forms, call Jane Jordan 604 984 3743 or download from www.coastalpalliativecare.ca Talk to PC team: Palliative Liaison Nurse (PLN) Elisabeth Ash 778 828 8100 PCC Danielle Ciambrelli 604 992 0331</p>
<p>Need help with Community Palliative nursing issues</p>	<p>Mandy Tanner (Palliative Nurse Clinician) 604 961 5355 OR Call Community Nursing Intake to connect with appropriate Nurse 604 986 7111</p>
<p>Open new Community Nursing for Palliative patient</p>	<p>Patients are NOT automatically opened to Community Nursing on referral to PC. If your patients has home nursing needs: fax referral to Intake 604 983 6707 or call 604 986 7111</p>
<p>Social work problems in Community</p>	<p>Unfortunately, there is currently no Community Social worker. If your patient has issues requiring this support, please discuss with Mandy Tanner 604 961 5351</p>
<p>If you want to hand over primary palliative care of your patient or can't do home visits to facilitate home death</p>	<p>NS Palliative Care exists to support you in caring for your patients. If you want to hand over, please feel free to request PC consult: (fax request to 604 984 3798) or call PC Dr on Call 604 984 5738</p>
<p>Patient in LTC with Palliative issues</p>	<p>PLEASE consider your LTC patients Palliative Care needs. Please refer these patients for registration on the PC program. FAX referral to 604 984 3798 PC Dr on Call is available for consult to help facilitate appropriate PC in LTC</p>
<p>What to tell your pts about after hour access</p>	<p>Patients should call their own GP or call group first If open to Community nursing, call 604 986 7111 to access appropriate nurse. If uncontrolled PC symptoms, pts can call PCU 604 984 5738 after hours for advice</p>
<p>Patient who may need MED KIT for expected home death</p>	<p>MED KITS are for imminently dying patients at home. Community nursing must be seeing these patients. Arrange MED KIT with Community Nurse MED KITS are provide by PHARMAX Health: 604 913 8840</p>
<p>Patient needing equipment</p>	<p>Submit BC Palliative Benefits form. Fax to 250 405 3587, and PCU 604 984 3798 Request home OT assessment through Community Nursing Free equipment can <u>only</u> be ordered by Community Nurse or OT. Patient must have PPS < 40 % (< 30% for bed, mattress, rails and lift).</p>