

PMAG PALLIATIVE CARE PATIENT SCREENING TOOL

PATIENT NAME:			DATE OF BIRTH (mm-dd-yyyy):		
Criteria 1 - Please consider the following criteria when determining the Palliative Care score of this patient (SCORE 2 POINT EACH)					
1. Basic Disease Process					2
<input type="checkbox"/> Cardiac Disease (CHF, CAD, CM...)					2
<input type="checkbox"/> COPD					2
<input type="checkbox"/> Cancer					2
<input type="checkbox"/> Stroke					2
<input type="checkbox"/> CNS Disease (Parkinson's, ALS, MS.....etc)					2
<input type="checkbox"/> Other Serious Illness (Severe Renal Disease)					2
Criteria 2 - Please consider the following criteria when determining the Palliative Score of this patient (SCORE 1 POINT OVERALL)					
2. Associated Disease Processes					1
<input type="checkbox"/> Liver Disease					1
<input type="checkbox"/> Renal Disease					
<input type="checkbox"/> Lung Disease					
<input type="checkbox"/> Other Life-Limiting Illness					
<input type="checkbox"/> Other Conditions Complicating Care (Diabetes, Persistent Anxiety, SOB, Fatigue, Chronic Pain, Dementia, etc)					
Criteria 3 - Please consider the following criteria when determining the Palliative Care score of this patient (SCORE 1 POINT EACH)					
3. Basic Disease Process					1
<input type="checkbox"/> Needs help with complex decision-making and goals of care.					1
<input type="checkbox"/> Is not a candidate for curative therapy.					1
<input type="checkbox"/> Has a life-limiting illness and chosen to have life prolonging therapy.					1
<input type="checkbox"/> Has unacceptable level of pain >24 hours.					1
<input type="checkbox"/> Has difficult-to-control symptoms (pain, N/V, weight loss, etc).					1
<input type="checkbox"/> Has psychosocial or spiritual issues.					1
<input type="checkbox"/> Has frequent visits to the Emergency Department.					1
<input type="checkbox"/> Has more than one hospital admission for the same diagnosis in last 30 days.					1
4. Functional Status of Patient PPS (Palliative Performance Scale) / ECOG Performance Status (Eastern Cooperative Oncology Group)					SCORE AS SPECIFIED BELOW
<u>PPS</u>	<u>ECOG</u>	<u>Scale</u>			
100-90	0	Fully Active, able to carry on all pre-disease activities without restriction.	0		
80-70	1	Restricted physically strenuous activity, but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work.	0		
60-50	2	Ambulatory and capable of all self-care, but unable to carry out any work activities. Up and about more than 50% of waking hours.	1		
40-30	3	Capable of only limited self-care; confined to bed or chair more than 50% of waking hours.	2		
20-0	4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.	3		
TOTAL SCORE:					
SCORING GUIDELINES: TOTAL SCORE = 2 Monitor with follow-up. TOTAL SCORE = 3 Consider consult. TOTAL SCORE = 4 Needs consult (inform/educate patient, initiate referral form for Case Mgt)					
Patient screened by: Print Name: _____ Signature: _____ Date Screened: _____					
<i>Note: This screening tool is designed to help identify patients who may benefit from Palliative Care services. Its use is not intended for diagnosis, prognosis, or any directive regarding the practice of medicine.</i>					

10 Clinical Triggers For Referral To Palliative Care

1. Chronic or persistent pain or symptoms (e.g., dyspnea) requiring long-term management.
2. Cancer with metastasis or without any available curative or life-prolonging therapies.
3. Dementia causing inability to perform two or more ADLs.
4. Two or more hospitalizations and/or emergency visits for the same serious condition within six months.
5. Multiple serious illnesses or any single serious illness which remains symptomatic despite maximal treatment.
6. Despite medical treatment, continued oxygen dependency, shortness of breath or adverse cardiac symptoms brought on by exertion.
7. Unintentional and consistent weight loss over six to twelve months.
8. Serious illness necessitating significant and ongoing supervision or caregiving by others.
9. Patient, family or physician uncertainty regarding the appropriateness, usefulness or desirability of available treatment options.
10. In the absence of any of the foregoing and using holistic medical judgment, would the primary care physician be surprised if the patient died within eighteen months?