SPECIALIST PALLIATIVE CARE REFERRAL FORM

HW005

THIS REFERRAL WILL ONLY BE ACTIONED BY OUR TEAM IF:

Fax: (06) 349 0082
Ph: (06) 349 0080
Email: admin@hospicewanganui.org.nz

The patient/EPOA has consented to our service ☐

1. **The patient meets all four Specialist Palliative Care Eligibility Criteria:**
   - ☐ Has an active, progressive life-limiting condition **AND**
   - ☐ Current or anticipated complexities related to symptom control, end of life care planning or other physical, psychosocial or spiritual needs cannot be met or managed by their current care provider(s) **AND**
   - ☐ Currently resides in the Hospice Whanganui catchment area **AND**
   - ☐ Patient is registered with a local primary health provider.
2. **The supporting information as requested, is completed**

Patient Details:	
Surname:	First Name: Preferred:
Address:	Phone:
	Mobile:
NHI:	Gender:
DOB:	Ethnicity: Iwi:
Current Location:	Does the Patient Live Alone? Yes No

Primary Contact Person (Family/Friend):	
Surname:	First Name:
Address:	Phone:
	Mobile:
Relationship:	

DISEASE STATUS	**Medications:** **(Copy of Drug Chart is preferred)**
Diagnosis: Date of Diagnosis: Site of Metastases: (if malignancy) Past/current management of this diagnosis: Relevant Past Medical History:	

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hospice whanganui

Living Every Moment

Patient's Name:	**NHI:**

Disease Specific Indicators

Cancer – rapid or predictable decline
- Metastatic cancer
- Prognosis is estimated to be about 6mths to 1year.

Chronic Obstructive Pulmonary Disease (COPD)
At least two indicators below-
- Diseased assessed as severe
- Recurrent hospital admissions
- Fulfils 02 therapy criteria
- S&S of R) heart failure
- Combination of other factors and/or morbidities.

Liver Disease
- Ascites despite maximum diuretics; spontaneous peritonitis
- Jaundice; Hepatorenal syndrome
- PTT >5 seconds above control
- Encephalopathy
- Recurrent variceal bleeding if further intervention inappropriate.

General Neurological Diseases
- Progressive deterioration in physical and/or cognitive function
- Symptoms which are complex and difficult to control
- Swallowing problems leading to recurrent aspiration pneumonia, sepsis, breathlessness or respiratory failure
- Speech problems: increasing difficulty in communications and progressive dysphagia plus the following – Motor Neurone disease, Parkinson's Disease, Multiple Sclerosis.

Cardiac Disease – at least two indicators below:
- CHF – SOB at rest on minimal exertion
- Thought to be in the last year of life by care team
- Repeated hospital admissions with heart failure
- Difficult physical or psychological symptoms despite optimal tolerated therapy.

Renal Disease - stage 4-5 CKD- at least 2 of these indicators:
- Patient for whom the surprise question is applicable
- Choosing the 'no dialysis' option, discontinuing dialysis
- Difficult physical or psychological symptoms despite optimal tolerated renal replacement therapy
- Symptomatic renal failure- nausea, vomiting, anorexia, pruritus, reduced functional status, intractable fluid overload.

Dementia/CVA - gradual decline

CVA/Stroke
- Persistent vegetative or minimal conscious state or dense paralysis
- Medical complications
- Lack of improvement within three months of onset
- Cognitive impairment/post stroke dementia

Dementia - triggers to consider that someone is entering a later stage are:
  - Unable to walk without assistance and
  - Urinary and faecal incontinence and
  - No consistently meaningful conversation and
  - Unable to do ADLs
  - Plus any of the following: weight loss, urinary tract infection, severe pressure sores, recurrent fever, reduced oral intake, aspiration pneumonia.

Patient's GP:	**Referred by:**		**Urgency of referral:** (Subject to triage by Palliative Care Team)
GP Aware of Referral?	**Job Title:**		Within 24hrs* ☐ **Must be accompanied by phone call from referrer*
Yes ☐ **No** ☐	**Place of Work:**	**Phone:**	24-72hrs ☐
Consultant:	**Signature:**	**Date:**	Non-Urgent ☐

Hospice Use Only:
Referral received/actioned by:

Discussed with: Accepted: Yes No Date ______________________