

Inpatient Reasons to Refer to Palliative Specialist

1. Needs someone to support or lead a challenging advance care planning or goals of care discussion¹
2. Has progressive disease where uncontrolled symptoms interfere with quality of life or performance status¹
3. Has a cancer diagnosis and has failure to thrive or frailty¹
4. Patient or family requests a palliative care consult¹
5. Has a life limiting cancer and poor functional status (ECOG of 3) and the patient or health care agent has declined a hospice referral
6. Has chemotherapy-refractory advanced cancer with a good functional status and is not yet being referred for hospice¹
7. Has any stage cancer diagnosis, but quality of life and/or survival is limited by debility, has frequent hospitalizations and/or other concurrent chronic medical issues such that prognosis is less than 1 year¹
8. Has a life-limiting oncologic illness and prolonged hospital stay (greater than 7 days) without evidence of clinical improvement¹
9. Stage IV malignancy or refractory hematologic malignancy in addition to poor functional status¹
10. Current or past enrollee of hospice program¹

ICU - Reasons for Referral to Palliative Specialist

1. ICU stay longer than 7 days without evidence of improvement¹
2. Cardiac arrest (either in or out of hospital) ¹
3. Multi-system organ failure (3 or more) ¹
4. Stage IV malignancy or refractory hematologic malignancy¹
5. Poor neurologic prognosis with low chance of meaningful recovery¹
6. Inability to wean a patient from the ventilator¹
7. Team/family discussing tracheostomy, feeding tube or long term care placement¹
8. Current or past enrollee of hospice program¹
9. There is a family disagreement with the medical team, with the patient's advance directive, or with each other¹
10. Patient or family requests a palliative care consult¹

Reasons for Referral to Hospice Care

1. The patient is no longer able to come into the oncology clinic for visits due to debility, symptoms etc.²
2. Patient with chemotherapy-refractory metastatic solid tumor malignancy or refractory hematologic malignancy
3. Life expectancy less than 6 months and the patient's goals of care are focused on comfort⁴
4. Poor performance status (ECOG 2 or more) which inhibits the use of chemotherapy
5. Patient with a cancer diagnosis, other serious chronic comorbidities, debility and/or frequent hospitalizations as well as a life expectancy of less than 6 months^{2, 4}

¹ Weissman DE, Meier DE. Identifying patients in need of a palliative care assessment in the hospital setting: A consensus report from the Center to Advance Palliative Care. *J Palliat Med.* 2011;14:17–23.

² National Hospice and Palliative Care Organization.

http://www.nhpco.org/sites/default/files/public/NHHP_Palliative_Care_Pocket-Card.pdf. Accessed January 22, 2016.

³ Prigerson, H., Bao, Y., Shah, M. et al, Chemotherapy use, performance status, and quality of life at the end of life. *JAMA Oncol.* 2015.

⁴ Medicare Guidelines for Hospice eligibility.