Cancer Inpatient – Reasons for Referral to Palliative or Hospice Care

**Inpatient Reasons to Refer to Palliative Specialist**

1. Needs someone to support or lead a challenging advance care planning or goals of care discussion
2. Has progressive disease where uncontrolled symptoms interfere with quality of life or performance status
3. Has a cancer diagnosis and has failure to thrive or frailty
4. Patient or family requests a palliative care consult
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 hospice
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 year
8. Has a life-limiting oncologic illness and prolonged hospital stay (greater than 7 days) without evidence of clinical improvement
9. Stage IV malignancy or refractory hematologic malignancy in addition to poor functional status
10. Current or past enrollee of hospice program

**ICU - Reasons for Referral to Palliative Specialist**

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

**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. 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 comfort
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

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4 Medicare Guidelines for Hospice eligibility.

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