

Palliative Care Screen Used in Study

DRAFT

Appendix A: Palliative Care Screen

[Hospital Name]-MICU Patients

Revised 12-17-12

<i>Patient ID Sticker</i>	ICU Palliative Care Screening Tool <u>CHECK LIST TO BE COMPLETED BY ICU RN</u> 1 PC risk factor: Palliative care consult indicated 2 PC risk factors: Palliative care consult strongly indicated DAY 1 DAY 3 DAY 5						ICU Admission Date: _____
Palliative Care Risk Factors	Yes	No	Yes	No	Yes	No	Comments
1. Admitted from SNF, LTAC, Vent LTC, or home care with private duty nursing with ADL dependencies							
2. End Stage Dementia, ALS, Parkinson's & MS							
3. Large intracranial Hemorrhage with anoxic encephalopathy or on ventilator							
4. Advanced or Metastatic cancer							
5. Admitted to ICU post cardiac or respiratory arrest with neurological compromise							
6. Admitted to ICU with hospital LOS > 5 days or ICU readmission with same diagnosis in 30 days							
7. Team perceived PC need based on poor prognosis and complex care; e.g. considering dialysis, trach or PEG							

Date & Time Screen was completed _____

Physician's decision for consult: **Day 1** Yes No **Day 3** Yes No **Day 5** Yes No

Intensivist Day 1 _____ Intensivist Day 3 _____ Intensivist Day 5 _____

Attending Physician/PCP notified that Palliative Care Consult was ordered Yes No Date & Time _____ By _____

For all ICU consults, call _____

**THIS IS NOT PART OF THE
PATIENT MEDICAL RECORD**