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GUEST ARTICLE

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## Checklist Tool Developed to Identify Patients in Need of Palliative Care During Hospitalization

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### Components Of Assessment

- Pain/symptom assessment
- Social/spiritual assessment
- Determination of patient understanding of illness, prognosis trajectory, and treatment options
- Identification of patient-centered goals of care
- Post-discharge transition of care

Based on a review of the literature and current practices, two checklists, each with two sets of criteria, were identified to trigger a basic palliative care assessment by the primary treatment team. [See sidebar, right.] “Primary” criteria are global indicators representing the minimum expected standard of care; “secondary” criteria are more specific, designed to be used by hospitals whose systems can incorpo-

rate them. The Center to Advance Palliative Care (CAPC) is a national, non-profit organization providing hospitals and other health care settings with the resources needed to develop and sustain successful palliative care programs. Their web address is [www.capc.org](http://www.capc.org).

### EXTENDING PALLIATIVE CARE BEYOND DISCHARGE

Presumably, this [use of the checklist of triggers for a palliative care assessment]- would let fewer needs go unmet, prevent crises and hospitalizations for manageable problems, and improve quality of life,” notes *Journal of Palliative Medicine* editor-in-chief Charles F. von Gunten, in his comment on the CAPC report.

Recent findings that palliative care patients often report a lack of supportive information upon hospital discharge concern von Gunten, however. He urges that primary care physicians and specialists alike extend the reach of palliative care by working to ensure smooth transitions between care settings.

“[C]ommunicating clearly, in speech and in writing, in language the patient and family understand, about their condition and the treatment plan is a fundamental skill for all managing services,” writes von Gunten.

“Palliative medicine can’t be the only group who know how to talk about prognosis, pain medications, and whom to call for help.”

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Source: “Identifying Patients in Need of a Palliative Care Assessment in the Hospital Setting: A Consensus Report from the Center to Advance Palliative Care,” *Journal of Palliative Medicine*; January 2011; 14(1):17-23. Weissman DE, Meier DE; Medical College of Wisconsin/Froedtert Hospital, Milwaukee; Department of Geriatrics and Internal Medicine, Hertzberg Palliative Care Institute of the Brookdale Department of Geriatrics, Mount Sinai School of Medicine, New York City. “Who Should Palliative Medicine Be Asked to See?” *ibid.*; p. 2; von Gunten CF; editor-in-chief, *Journal of Palliative Medicine*.

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### PALLIATIVE CARE ASSESSMENT CHECKLIST UPON ADMISSION

Checklist of primary criteria for a palliative care assessment upon admission of a patient with a potentially life-limiting or life-threatening illness includes:

- The “surprise” question (“Would I be surprised if the patient died within 12 months?”).
- Frequent admissions for the same condition.
- Admission prompted by difficult-to-control physical or psychological symptoms.
- Complex care requirements.
- Decline in function, feeding intolerance, or unintended decline in weight.

### PALLIATIVE CARE ASSESSMENT CHECKLIST FOR EACH DAY

Checklist of primary criteria for a palliative care assessment each hospital day for a patient with a potentially life-limiting or life-threatening illness includes:

- The “surprise” question.
- Difficult-to-control physical or psychological symptoms.
- Intensive care unit length of stay of 7 days or more.
- Lack of clarity and documentation of goals of care.
- Disagreements/uncertainty among patient, staff, and/or family concerning major medical treatment decisions, resuscitation preferences, or use of non oral feeding or hydration.

-Weissman and Meir,  
*Journal of Palliative Medicine*