Palliative Care Referral Tool

START HERE

Does the patient have heart disease, cancer, stroke, COPD, Alzheimer’s disease, kidney disease, multiple comorbidities, or any other serious illness?

YES

Do they have uncontrolled psych/social/physical/spiritual symptoms?

NO

Refer to Palliative Care Program.

YES

Would you be surprised if this patient was alive a year from now?

NO

In the past 6 months has there been a significant functional decline (needing more assistance, weight loss, missing appointments, less compliant with medication, more drowsy or confused)?

NO

Does the patient need an advance directive and/or goals of care conversation?

YES

Patient not appropriate for palliative care at this time.

NO

In the last 3 months has the patient been to the ER or hospitalized at least 3 times?

NO

YES