CRITERIA FOR ADMISSION TO OR CONTINUATION OF HOSPICE SPECIALIST PALLIATIVE CARE

THE SURPRISE QUESTION

For patients with advanced disease of progressive life limiting condition.

Would you be surprised if the patient were to die in the next few months, weeks, days?

The answer to this question should be an intuitive one, pulling together a range of clinical, co-morbidity, social and other factors that give a whole picture of deterioration.

YES

Specialist palliative care may not be appropriate at this time. **Please contact the hospice for further advice and guidance before submitting the referral.**

NO

Please complete and submit the referral form. The patient must meet **ALL** of the criteria.

General Criteria

All referrals must meet ALL of these criteria

Must be ***resident within the relevant Hospice catchment area***	
The patient has documented active, progressive and advanced disease, prognosis is limited despite optimal tolerated therapy, and the focus of care is quality of life.	
The patient has an extraordinary level of need (physical, psychological, spiritual) that exceeds the resources of the primary palliative care provider	
The patient ***agrees to referral*** , if competent to do so, or their EPOA or NOK.	

PLUS

Presence of Various Disease Specific Indicators

(Please detail on referral form which indicators apply)

SPECIFIC CLINICAL INDICATORS

CANCER	HEART DISEASE	CHRONIC OBSTRUCTIVE PULMONARY DSEASE	RENAL	LIVER DISEASE	GENERAL NEURO-LOGICAL	DEMENTIA AND CVA	OTHER
At least ONE of the following is present:	***At least ONE of the following are present:***	***At least TWO of the following are present:***	***MUST Meet RE1 PLUS at least ONE of the following:***	***At least TWO of the following is present:***	***MUST MEET NE1 PLUS condition specific criteria:***	***MUST: meet DE1 PLUS have had referral to and assessment by DHB NASC Team PLUS condition specific criteria:***	**Other situations might include:**
CA1 Incurable metastatic disease	**CD1** CHF NYHA stage 3 or 4 (SOBAR)	**PU1** MRC grade 4 or 5 (SOB after 100m on level or confined to house)	**RE1** Stage 4 0r 5 chronic kidney disease and condition deteriorating	**LI1** Ascites despite maximum diuretics, spontaneous peritonitis	**NE1** Significant progressive deterioration in physical and cognitive function (e.g. Swallowing problems leading to recurrent aspiration pneumonia, progressive dysphagia)	**DE1** Significant progressive deterioration in physical and cognitive function (e.g. Barthel, ECOG, Karnofsy)	**OT1** **Frailty:** Multiple comorbidities with no primary diagnosis plus at least 3 of: weakness slow walking speed, significant weight loss, exhaustion, low activity)
CA2 Inoperable disease	**CD2** Three or more admissions to hospital within the last 12 months with symptoms of heart failure	**PU2** Documented severe disease (FEV<30% predicted)	**RE2** Patient wishes either not to commence HD or to stop dialysis	**LI2** Jaundice; hepatorenal syndrome	**NE2** **Motor Neurone Disease:** Low Vital capacity (<70%of predicted using standard spirometry)	**DE2** **CVA:** Persistent vegetative state and lack of improvement for 3 months plus medical complications	**OT2** Patient medically unfit for surgery for life-threatening disease
		PU3 Three or more admissions to hospital within the last 12 months with symptoms of COPD.	**RE3** Symptomatic renal failure: nausea and vomiting, purities, intractable fluid	**LI3** PTT> five seconds above control	**NE3** **Parkinsons Disease:** Drug treatment less effective or increasingly complex with more 'off' periods, dyskinesia.	**DE3** **Dementia:** Triggers that may indicate entering EOL: incontinence, no meaningful conversation, reduced ADLs, Barthel score<3., aspiration pneumonia, UTI, weight loss, severe pressure ulcers, reduced oral intake	**OT3** Failure to respond to Intensive Care (in ICU, CCU, SCBU, PICU)and death therefore inevitable
		PU4 More than 6 weeks of systemic steroids for COPD in preceding 6 months		**LI4** Encephalopathy	**NE4** **Multiple Sclerosis:** Significant complex symptoms and medical complications, dysarthria.		
		PU5 Fulfills long term oxygen therapy criteria		**LI5** Recurrent variceal bleeding if further treatment inappropriate	**NE5** Other progressive neurological conditions e.g. Huntingtons		

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