# Community Palliative Care Referral – Grampians Region

Patient Information Label

Next of Kin / Carer (name) .....

Relationship .....

Phone ..... Mobile .....

Consent for referral obtained from **Patient**? ☐ Yes ☐ No or **Legal Representative**? ☐ Yes ☐ No

**Community Palliative Care Service**. *(Please see over for online information)*

☐ Djerriwarrh H S - Palliative Care Team (Bacchus Marsh)
• Ph: 5367 9137 • Fx: 5367 4274 • Em: palliativecare@djhs.org.au

☐ Ballarat Hospice Care Inc. (Ballarat)
• Ph: 5333 1118 • Fx: 53331119 • Em: admin@ballarathospicecare.org.au

☐ Central Grampians Palliative Care (Ararat)
• Ph: 5352 9465 • Fx: 5352 9425 • Em: cgpc@eghs.net.au

☐ Wimmera Health Care Group - Wimmera Hospice Care (Horsham)
• Ph: 5381 9363 • Fx: 5362 3480 • Em: hospice@whcg.org.au

**History Diagnosis & Current Clinical Condition:**

**Relevant Past Medical History:**

**Reason for Referral:**

**Phase of Care** (Please tick only one phase of care per patient) *(Please see over for definitions)*

☐ Stable ☐ Unstable ☐ Deteriorating ☐ Terminal

**Other - please mark yes or no**

Death is imminent (within 24 - 48hrs) ☐ Yes ☐ No
History of or current anxiety ☐ Yes ☐ No
History of or current depression ☐ Yes ☐ No
Symptoms of delirium ☐ Yes ☐ No

**Karnofsky (AKPS)** *(Please see over for definitions)* .....

| **Current Goals of Care** | | | **Current Disease Status** | | |
|---|---|---|---|---|---|
| Advance Care Plan in place | ☐ Yes | ☐ No | Recent New Diagnosis | ☐ Yes | ☐ No |
| For CPR | ☐ Yes | ☐ No | Recent metastatic diagnosis | ☐ Yes | ☐ No |
| Urgent Referral | ☐ Yes | ☐ No | Progressive disease / no further treatment | ☐ Yes | ☐ No |

**Social .** Relevant social history / connections e.g. does the patient live alone? Or housing problems?

Is a Social Worker involved? ☐ Yes ☐ No Name ..... Contact .....

**Current Medications** *(Please list or send copy of medication chart)*

| | |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

**Recent Investigations** (if results unavailable, please indicate where these were performed)

**Equipment .** Please specify if equipment required or OT involved in care

.....

If oxygen required please contact local palliative care service. Please note a prescription L/minute is required if supply approved.

Date ..... Referral from ..... Contact Number ..... Signature .....

***Please complete all sections and CC local community palliative care service on all correspondence.***

Initiative of: Grampians Region Palliative Care **Consortium**

Save As

## COMMUNITY PALLIATIVE CARE REFERRAL – GRAMPIANS REGION

## Explanations and Information to support the Community Palliative Care Referral Form

**PHASE OF CARE**

**1 - Stable phase**

The patient's/client's symptoms are adequately controlled by established management. The situation of the carer(s)/family/friends is relatively stable and no new issues are apparent. Any needs are met by the established plan of care.

**2 - Unstable phase**

The patient/client experiences the development of a new problem or a rapid increase in the severity of existing problems, either of which requires an urgent change in management or emergency treatment. The carer(s)/family/friends experience a sudden change in their situation requiring urgent intervention by members of the multidisciplinary team.

**3 - Deteriorating phase**

The patient/client experiences a gradual worsening of existing symptoms or the development of new but expected problems. The carer(s)/family/friends experience gradually worsening distress and other difficulties, including social and practical difficulties, as a result of the illness of the patient.

**4 - Terminal phase**

Death of patient/client with life-limiting illness is likely in a matter of days and no acute intervention is planned or required. The carer(s)/family/friends recognise that death is imminent and care is focussed on emotional and spiritual issues as a prelude to bereavement.

**5 - Bereavement phase**

The bereavement phase can only be entered once the patient has deceased. The carer(s)/family/friends can only receive grief and bereavement support during this phase.

**The Australia-modified Karnofsky Performance Scale (AKPS)**

The Australia-modified Karnofsky Performance Scale (AKPS) is a measure of the patient's overall performance status or ability to perform their activities of daily living. It is a single score between 10 and 100 assigned by a clinician based on observations of a patient's ability to perform common tasks relating to activity, work and self-care. A score of 100 signifies normal physical abilities with no evidence of disease. Decreasing numbers indicate a reduced performance status.

**How to assess AKPS**

1. Use the AKPS definitions to determine the initial rating on admission or commencement of an episode of care.
2. Assess routinely. A minimum of daily in an inpatient setting, at each visit in a community setting or each consult.
3. Assess whenever there is a phase change and at episode end when the patient is discharged.
4. Assessment may be conducted face to face or over the phone.
5. Record the rating as assessed (scores in increments of 10). In between scores such as 45, 55 or scores such as 50-60 are invalid.

| Assessment Criteria | Score |
|---|---|
| Normal; no complaints, no evidence of disease | 100 |
| Able to carry on normal activity, minor sign of symptoms of disease | 90 |
| Normal activity with effort, some signs or symptoms of disease | 80 |
| Cares for self, unable to carry on normal activity or to do active work | 70 |
| Able to care for most needs, but requires occasional assistance | 60 |
| Considerable assistance and frequent medical care required | 50 |
| In bed more that 50% of the time | 40 |
| Almost completely bedfast | 30 |
| Totally bedfast and requiring extensive nursing care by professionals and/or family | 20 |
| Comatose or barely rousable | 10 |
| Dead | 0 |

References for AKPS: Abernethy, A. P., Shelby-James, T., Fazekas, B. S., Woods, D. Currow, D. C. (2005). The Australia-modified Karnofsky Performance Status. (AKPS) Scale: A Revised Scale for Contemporary Palliative Care Clinical Practice [Electronic Version]. BioMed Central Palliative Care, 4, 1-12

**TIP – TO SEARCH FOR A LOCAL PALLIATIVE CARE SERVICE GO TO:**

- Palliative Care Victoria web page – www.pallcarevic.asn.au/
- Enter postcode or town/suburb. This will give you the local palliative care service to the area where the patient lives.