Rural Community-Based Palliative Care Program

Palliative Care Referral Criteria

The following criteria have been suggested, or are in actual use, at leading palliative care centers for initiating a palliative care referral.

**General Referral Criteria**

Presence of a serious illness and one or more of the following:

- New diagnosis of life-limiting illness for symptom control, patient/family support
- Need for Coordination of Care
- Declining ability to complete activities of daily living
- Weight loss/Failure to thrive
- Progressive metastatic cancer
- Admission from long-term care facility
- Two or more hospitalizations illness w/in three months
- Difficult to control physical or emotional symptoms
- Advancing Dementia
- Patient, family or physician uncertainty regarding prognosis
- Patient, family or physician uncertainty regarding appropriateness of treatment options
- Patient or family requests for futile care
- DNR order conflicts/Need for Advance Care Planning
- Conflicts regarding the use of non-oral feeding/hydration in cognitively impaired, seriously ill, or dying patients
- Limited social support in setting of a serious illness (e.g., homeless, chronic mental illness)
- Patient, family or physician request for information regarding hospice appropriateness
- Patient or family psychological or spiritual distress
Cancer Criteria
- Metastatic or locally advanced cancer progressing despite systemic treatments
- Karnofsky < 50 or ECOG > 3
- Brain metastases, spinal cord compression, or neoplastic meningitis
- Malignant hypercalcemia
- Progressive pleural/peritoneal or pericardial effusions

Neurological Criteria
- Folstein Mini Mental score <20
- Feeding tube is being considered for any neurological condition
- Status Epilepticus > 24 hrs
- ALS or other neuromuscular disease considering mechanical ventilation
- Any recurrent brain neoplasm
- Parkinson’s disease with poor functional status or dementia

Source: Center to Advance Palliative Care