Palliative Care Screening Tools

Three Examples of Trigger Tools to Identify Patients in Need of Palliative Care
St. John Providence Health System Trigger Tool

**Patient Population Targeted:** All adult inpatient admissions

**Tool Implementation:** Completed by nurse upon admission and four days later; if palliative care needs are identified, a message is sent to the admitting physician via EHR stating “Your patient has identified palliative care needs (trigger inserted). Please consider a palliative care consult.”

**Criteria Used to Prompt Palliative Care Consults**

- More than one hospitalization within 30 days related to chronic condition
- Unacceptable pain level or symptoms
- Code status changed to DNR
- Marked decrease in functional status/ADLs in last 60 days
- Admitted from ECF with ADL dependence or chronic care need
- Patient/surrogate distressed about decision making
- Considering PEG and/or trach tube placement
- Palliative care requested by patient or family
- No palliative care needs identified

Source: St. John Providence Health System, Warren, MI; Duke Institute on Care at the End of Life, Durham, NC; Physician Executive Council interviews and analysis.

1) Do not resuscitate.
2) Activities of daily living.
3) Extended care facility.
4) Percutaneous endoscopic gastrostomy.
Inova Health System Screening Tool

Patient Population Targeted: All adult inpatient admissions

Tool Implementation: Completed by nurse upon admission and every five days after, as well as when patient is transferred to a higher level of care unit; if one or more fields are checked, a conversation is triggered with the physician about appropriate potential palliative care interventions

Criteria Used to Prompt Palliative Care Consults

General Palliative Care Domains
- Uncontrolled symptoms (dyspnea, nausea/vomiting, pain >5/10) ≥ 24 hours
- Team/patient/family needs help with complex decision-making and determination of goals of care
- Patient (especially long-term care resident) with AND/DNAR\(^1\) orders

General Disease Category
- Second ED/hospital visit in the past 6 months for the same or similar diagnosis
- Age ≥ 70 years in the presence of two or more life-threatening comorbidities (ESRD, severe CHF)

Specific Disease Category
- Advanced or end-stage organ disease (CHF, COPD, ESRD, ESLD, dementia, MS, ALS)
- Stage IV cancer with progression of disease despite treatment
- Considering PEG and/or tracheotomy placement with evidence of poor prognosis (advanced dementia)

ICU Category
- ICU stay of ≥ 3 days without evidence of improvement
- Second ICU admission during same hospital admission
- ICU admission from a nursing home in the setting of ≥ 2 chronic, life-limiting conditions
- Ventilator Day #6 or longer
- Glasgow score ≤ 5
- Multi-organ failure, involving ≥ 4 systems

Source: Inova Health System, Fairfax, VA; Physician Executive Council interviews and analysis.

1) Allow natural death/Do not attempt resuscitation.
Mt. Sinai Hospital Oncology Patient Screening Tool

Patient Population Targeted: Oncology patients with solid tumors

Tool Implementation: Completed by oncologists; patients who meet one or more of the criteria are offered a palliative care consultation

Criteria Used to Prompt Palliative Care Consults

- Stage IV disease
- Stage III lung or pancreatic cancer
- Prior hospitalization within 30-days, excluding routine chemotherapy
- Hospitalization lasting longer than 7 days
- Uncontrolled symptoms including pain, nausea/vomiting, dyspnea, delirium, and psychological distress