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Basic Disease Process (check all that apply)

Cancer	<input type="checkbox"/> Metastatic or Recurrent	3
Respiratory Failure	<input type="checkbox"/> Oxygen Dependent <input type="checkbox"/> pCO2 > (greater than) 55 mm	3
Stroke	<input type="checkbox"/> NIH Screening Score 15 or Above	3
End Stage Renal Disease	<input type="checkbox"/> On Hemodialysis with Functional Decline	3
Advanced Cardiac Disease (i.e., CHF, severe CAD)	<input type="checkbox"/> Ejection Fraction < (less than) 20% <input type="checkbox"/> Valvular Heart Disease; Not a Surgical Candidate	3
End stage AIDS	<input type="checkbox"/> High Viral Load Despite Treatment <input type="checkbox"/> Opportunistic Infections <input type="checkbox"/> Non-Compliant with Treatment <input type="checkbox"/> AIDS-related cancers	3
Section Score		

Concomitant Disease Process (check all that apply)

End Stage Liver Disease	<input type="checkbox"/> Recurrent Encephalopathy <input type="checkbox"/> Recurrent Ascites	2
Acute Kidney Injury	<input type="checkbox"/> On Hemodialysis with Functional Decline in the Last 2 Months	2
Moderate COPD	<input type="checkbox"/> FEV1 50-79% predicted	2
Moderate Congestive Heart Failure	<input type="checkbox"/> Ejection Fraction 30-40%	2
Other Condition Complicating Care:	<input type="checkbox"/> _____ <input type="checkbox"/> Dementia	2
Section Score		

Other Criteria to Consider (check all that apply)

<input type="checkbox"/> Team/patient/family needs help with complex decision making and determination of goals of care	1
<input type="checkbox"/> Patient has unacceptable level of pain or other symptom distress for longer than 24 hours	1
<input type="checkbox"/> Patient has uncontrolled psychosocial or spiritual concerns	1
<input type="checkbox"/> Patient has prolonged length of stay in inpatient unit (more than 7 days) without evidence of progress	1
<input type="checkbox"/> Patient has prolonged length of stay in ICU and/or transferred between ICU's without evidence of progress	1
<input type="checkbox"/> ICU readmission within 30 days	1
<input type="checkbox"/> ICU admission with cancer	1
Section Score	

Total Score

Scoring Guidelines (Based on Total Score)

- 6 or more: Palliative care consult highly recommended (MD order required)
- 3-5: Consider palliative care consult (MD order required)

Completed by _____ Title _____ Date Screened _____ Time Screened _____

Yes No

MD Order for Palliative Care Consult

Physician Signature _____ Title _____ Date _____ Time _____

Memorial
H E A L T H

University Medical Center

**PALLIATIVE CARE SCREENING TOOL/
PHYSICIAN ORDERS**

Patient ID Area