



Oncology Critical Pathways: Palliative Care

A Model Example from the Moses Cone Health System

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MOSES CONE HEALTH SYSTEM

The Moses H. Cone Memorial Hospital

Please stamp within borders of this box

Clinical Pathway: **Palliative Care**

- 5100 5500
- 6700 Other

Path changed on: Date / / Time :

Due to: _____

DAY 2 - INTERVENTION PHASE			
		NI = Not Indicated	COMMENTS
Progression Outcomes	Skin intact *Pain within acceptable level for patient; pain score _____ Secretions managed Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Assessment Evaluations	Consider family conference *Respirations Patient and/or family coping Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Consults	Notify Dietitian per patient/family request Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Tests	_____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Treatments	Oxygen Protect pressure points Suction pm Support coping _____ Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Medications	Antianxiety if indicated Sedative if indicated Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Diet	Diet: _____ Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Activity	Position as patient prefers Turn Q2Hr Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Elimination	Voiding/Foley Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Education <input type="radio"/> Patient <input type="radio"/> Family <input type="radio"/> Other: _____	Disease Progression Pain Management Skin Care Oral suctioning Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	Preferred learning method: <input type="radio"/> A <input type="radio"/> H <input type="radio"/> E <input type="radio"/> D Methods used: <input type="radio"/> A <input type="radio"/> H <input type="radio"/> E <input type="radio"/> D <input type="radio"/> Needs reinforcement on
D/C Planning	Collaborate with Case Manager or Hospice Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Nursing Signatures/Initials:	RN Directing Care: 2300-0700 0700-1500 1500-2300		Other Nursing Signatures:
Multidisciplinary Signatures/Initials:			

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*This unmet item requires communication with physician or DAR note.
 **Maximum number of extra days should be no more than 5 days.



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MOSES CONE HEALTH SYSTEM

The Moses H. Cone
Memorial Hospital

Clinical Pathway: **Palliative Care**

- 5100 5500
 6700 Other

Path changed Date / / Time :

on:

Due to: _____

Please stamp within borders of this box

DAY 3 - INTERVENTION PHASE

		NI = Not Indicated	COMMENTS
Progression Outcomes	*Pain within acceptable level for patient; Pain score _____ Skin intact Secretions managed Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Assessment Evaluations	Patient and/or family coping *Respirations Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Consults	_____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Tests	_____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Treatments	Oxygen Protect pressure points Suction prn Support coping Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Medications	Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Diet	Diet: _____ Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Activity	Position as patient prefers Turn Q2Hr Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Elimination	Voiding/Foley *BM within 3 days Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Education <input type="radio"/> Patient <input type="radio"/> Family <input type="radio"/> Other: _____	Reinforce education Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	Preferred learning method: <input type="radio"/> A <input type="radio"/> H <input type="radio"/> E <input type="radio"/> D Methods used: <input type="radio"/> A <input type="radio"/> H <input type="radio"/> E <input type="radio"/> D <input type="radio"/> Needs reinforcement on _____
D/C Planning	Collaborate with Case Manager or Hospice Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Nursing Signatures/Initials:	RN Directing Care: 2300-0700 0700-1500 1500-2300		Other Nursing Signatures:
Multidisciplinary Signatures/Initials:			

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Please stamp within borders of this box

Clinical Pathway: **Palliative Care**

- 5100 5500
- 6700 Other

Path changed Date / / Time :

on: Due to: _____

DAY 4 - INTERVENTION PHASE

		NI = Not Indicated	COMMENTS
Progression Outcomes	*Pain within acceptable level for patient; patient score _____ Skin intact Secretions managed Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Assessment Evaluations	Patient and/or family coping *Respirations Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Consults	_____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Tests	_____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Treatments	Oxygen Protect pressure points Suction prn Support coping Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Medications	_____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Diet	Diet: _____ Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Activity	Position as patient prefers Turn Q2Hr Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Elimination	Voiding/Foley Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Education <input type="radio"/> Patient <input type="radio"/> Family <input type="radio"/> Other: _____	Family knowledgeable regarding care needs Reinforce education Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	Preferred learning method: <input type="radio"/> A <input type="radio"/> H <input type="radio"/> E <input type="radio"/> D Methods used: <input type="radio"/> A <input type="radio"/> H <input type="radio"/> E <input type="radio"/> D <input type="radio"/> Needs reinforcement on _____
D/C Planning	Discharge plans confirmed Out of facility DNR form complete if indicated Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI <input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Nursing Signatures/Initials:	RN Directing Care: 2300-0700 0700-1500 1500-2300		Other Nursing Signatures:
Multidisciplinary Signatures/Initials:			

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- 5100 5500
- 6700 Other

DISCHARGE OUTCOMES

All Discharge Outcomes met: Yes No
(If yes, you are not required to complete individual items below.)

	NI = Not Indicated	COMMENTS
Equipment and home assistance in place	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
*Pain within acceptable level for patient; pain score _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
*Symptoms resolved or controlled	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
If Foley: plan change every 30 days at home	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Knowledge of home care instructions: (See D/C Instruction Sheet)		
discharge medications	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
diet	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
food/drug interactions	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Patient/family verbalizes d/c plan	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Out of facility DNR	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
Other: _____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	
_____	<input type="radio"/> Met <input type="radio"/> Unmet <input type="radio"/> NI	

Discharge: Date / / Time :

Discharged to:
 Home Subacute
 Nursing Home Other _____
 Rehab

Nursing Signatures/Initials:

Multidisciplinary Signatures/Initials:

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