# Yale New Haven Health

Emergency Services, Yale New Haven Hospital

Palliative Care Consult Criteria Emergency Services
Guidelines

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#### Purpose:

To provide care guidelines for initiating a palliative care consult within one of the emergency departments

### **Guidelines for Care**

# Does the patient have LIFE No Consult LIMITING ILLNESS? YES Does the patient have 2 or No Consult more Palliative care needs? YES **INITIATE CONSULT FOR PALLIATIVE CARE**

# **Life Threatening Illness Examples:**

- Advanced dementia or CNS disease (hx of CVA, ALS or Parkinson's); Assistance needed for most self care and /or minimally verbal
- Advanced (metastatic or locally aggressive) cancer
- ESRD (creatinine 6 or on dialysis)
- Advanced COPD (home O2 2 liters or more, dyspnea chronically AT REST)
- Advanced heart failure (chronic dyspnea, CP or fatigue with minimal exertion, LVAD)
- End stage liver disease (recurrent ascites, GI bleeds or hepatic encephalopathy)
- Septic Shock (signs of end organ damage, or requires ICU admission with concurrent comorbidities)
- Provider discretion (Major trauma in elderly, hip fracture age >80, advanced AIDS, massive CVA)
- Complex home needs (vent or IV antibiotic dependent)
- Out of hospital arrest
- Current or past Hospice or palliative care patient

## **Palliative Care Needs:**

- Frequent visits (2 or more ED visits or non-elective hospital admissions in past six months
- Uncontrolled symptoms (pain, dyspnea, fatigue, weakness, nausea)
- Functional Decline (weight loss, falls, decreased mobility, intake, skin breakdown etc)
- Uncertainty about goals of care or caregiver distress
- Surprise question ("would you be surprised if the patient died within the next 12 months?")