

**THIS REFERRAL CANNOT BE ACTIONED BY OUR TEAM IF:**

1. The patient is not aware of the referral
2. There is insufficient supporting information e.g. clinical notes

**ALL QUESTIONS IN BOLD MUST BE COMPLETED;** More information is helpful for processing your referral

**Patient aware of referral:** YES  NO       **Next of kin aware of referral:** YES  NO

We need to access relevant personal health information to consider this referral. This may include recent clinic letters (from Hospital or other services), GP letters, lab reports.

**Does the patient consent to us seeking clinical information about them?** YES  NO

**Referral priority:** **URGENT\* (<24hrs)**  **Routine 1-2 days**  **2-7 days**

\*If urgent, please call the Hospice team PH: (06) 753 7830

Urgent referrals: urgent; patient unstable, rapidly deteriorating or in the terminal/dying phase

Routine referrals: patient experiencing distressing physical and/or psychosocial symptoms not responding to established palliative care management/ protocols

2-7 days: patient is stable but seeking palliative care information and support

**Date of Referral:** \_\_\_\_\_ **Time:** \_\_\_\_\_      **Location of Patient:** Hospital  Community

<b>Title:</b>	<b>Surname:</b>	<b>First name:</b>	<b>M / F</b>
<b>Address:</b>		<b>GP:</b>	<b>DOB:</b>
<b>Phone:</b>		<b>Specialist:</b>	<b>NHI</b>

**What are the specific issues for which you would like specialist palliative care input?**

**Does this patient meet ALL the general referral criteria? (see over page for criteria)** YES  NO

Indicate which Specific Clinical Indicator applies (e.g. CA1- see over page for codes):

<b>Date of Diagnosis:</b>	<b>AKPS/Performance Status:</b>
<b>Diagnosis:</b>	
<b>Estimated Prognosis:</b> <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> a year or more	
<b>Past medical history:</b>	<b>Medications:</b> <i>please specify any recent changes</i>
	<b>Allergies:</b>
<b>Social Situation:</b> (e.g. Lives alone)	
<b>Main Carer</b> (and relationship to patient):	

Signature of referrer:.....

Source: GP/Consultant:.....

Referral received/actioned by:.....

Date:.....Time:.....

Discussed with Dr:.....

Accept     Decline     Consult

Phone/Pager:.....

## GENERAL REFERRAL CRITERIA FOR ACCEPTANCE BY HOSPICE TARANAKI SERVICE

### All referrals must meet ALL of these criteria

- Must be a resident within Taranaki or a visitor to the region and registered with another Hospice Service
- The patient has documented active, progressive and advanced disease; prognosis is limited to less than 12 months despite optimal tolerated therapy
- The focus of care is quality of life
- The patient has an extraordinary level of need (physical, psychological, spiritual) that exceeds the resources of the primary palliative care provider
- Patient agrees to the referral if competent to do so (or an advocate or nominated EPOA for the patient agrees)

\*\*If the patient does not meet these criteria and is in serious need, discuss with Hospice Team

Hospice Taranaki utilises the Gold Standard Framework Prognostic Indicator Guide to assess patients for acceptance into the service. Referrers can access this information at <http://www.goldstandardsframework.org.uk>

### Australian-modified Karnofsky Performance Score

AKPS	Features
100	Normal with no evidence of disease
90	Able to carry out normal activity with only minor symptoms of disease
80	With some effort able to carry out normal activity with some symptoms of disease
70	Cares for self but unable to carry on normal activity or to do active work
60	Mostly able to care for mostly but requires occasional assistance
50	Considerable assistance and frequent medical care required
40	In bed more than 50% of the time
30	Almost completely bedbound
20	Totally bedbound and requiring extensive nursing care by professionals or family
10	Comatose or barely rousable
0	Dead

### CLINICAL DISEASE INDICATORS

CANCER	HEART DISEASE	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	RENAL	LIVER DISEASE	GENERAL NEUROLOGICAL	DEMENTIA AND CVA	OTHER
At least <b>ONE</b> of the following is present:	At least <b>ONE</b> of the following are present:	At least <b>TWO</b> of the following are present:	<b>MUST</b> Meet RE1 <b>PLUS</b> at least <b>ONE</b> of the following:	At least <b>TWO</b> of the following is present:	<b>MUST MEET</b> NE1 <b>PLUS</b> condition specific criteria:	<b>MUST:</b> meet DE1 <b>PLUS</b> have had referral to and assessment by DHB NASC Team <b>PLUS</b> condition specific criteria:	Other situations might include:
<b>CA1</b> Functional ability deteriorating due to progressive cancer	<b>CD1</b> CHF NYHA stage 3 or 4 (SOBAR)	<b>PU1</b> MRC grade 4 or 5 (SOB after 100m on level or confined to house)	<b>RE1</b> Stage 4 Or 5 chronic kidney disease and condition deteriorating	<b>LI1</b> Ascites despite maximum diuretics, spontaneous peritonitis	<b>NE1</b> Significant progressive deterioration in physical and cognitive function (e.g. Swallowing problems leading to recurrent aspiration pneumonia, progressive dysphagia)	<b>DE1</b> Significant progressive deterioration in physical and cognitive function (e.g. Barthel, ECOG, Karnofsky)	<b>OT1</b> <b>Frailty:</b> Multiple comorbidities with no primary diagnosis plus at least 3 of: weakness slow walking speed, significant weight loss, exhaustion, low activity
<b>CA2</b> Progressive cancer diagnosis with symptoms unable to be managed by primary team	<b>CD2</b> Three or more admissions to hospital within the last 12 months with symptoms of heart failure	<b>PU2</b> Documented severe disease (FEV<30% predicted)	<b>RE2</b> Patient wishes either not to commence HD or to stop dialysis	<b>LI2</b> Jaundice; hepatorenal syndrome	<b>NE2</b> <b>Motor Neurone Disease:</b> Low Vital capacity (<70% of predicted using standard spirometry)	<b>DE2</b> <b>CVA:</b> Persistent vegetative state and lack of improvement plus medical complications	<b>OT2</b> Patient medically unfit for surgery for life-threatening disease
<b>CA3</b> Incurable cancer diagnosis with prognosis expected to be less than 1 year and focus of care is quality of life		<b>PU3</b> Three or more admissions to hospital within the last 12 months with symptoms of COPD.	<b>RE3</b> Symptomatic renal failure: nausea and vomiting, pruritus, intractable fluid	<b>LI3</b> PTT> five seconds above control	<b>NE3</b> <b>Parkinsons Disease:</b> Drug treatment less effective or increasingly complex with more 'off' periods, dyskinesia.	<b>DE3</b> <b>Dementia:</b> Triggers that may indicate entering EOL: incontinence, no meaningful conversation, reduced ADLs, Barthel score<3., aspiration pneumonia, UTI, weight loss, severe pressure ulcers, reduced oral intake	<b>OT3</b> Failure to respond to Intensive Care (in ICU, CCU, SCBU, PICU) and death therefore inevitable
		<b>PU4</b> More than 6 weeks of systemic steroids for COPD in preceding 6 months		<b>LI4</b> Encephalopathy	<b>NE4</b> <b>Multiple Sclerosis:</b> Significant complex symptoms and medical complications, dysarthria.		
		<b>PU5</b> Fulfills long term oxygen therapy criteria		<b>LI5</b> Recurrent variceal bleeding if further treatment inappropriate	<b>NE5</b> <b>Other progressive neurological conditions</b> e.g. Huntingtons		

Email to: [hospiceadmin@hospicetaranaki.org.nz](mailto:hospiceadmin@hospicetaranaki.org.nz)