Palliative Care Referrals

PROCEDURE

OUTCOME (S):

Timely and Appropriate Referral to the Specialist Palliative Care Service

WHO CAN REFER

Referrals to the Port Lincoln and Lower Eyre Palliative Care can be initiated by:

- General Practitioner
- Nursing staff
- Allied Health
- Family member, Carer, Client, Advocate, Friend
- Aged Care Facilities
- Metropolitan Services
- Other Palliative Care services

IMPORTANT POINTS TO CONSIDER

Referral to a specialist palliative care service is "appropriate at any time in the disease trajectory when the client with a life limiting illness, or significant others associated with the patient, have identified needs that are not being adequately addressed, whether these needs are physical, psychosocial, social or spiritual."

Conversely, not all patients facing life limiting illnesses and death will require the input of a specialised service. These clients and their families may be well catered for by their inpatient medical and nursing team, staff at a residential aged care facility or General Practitioner and community nurse.

PROCEDURE DETAIL

Referrals to a specialist palliative care service are dependent on number of factors which include:

1. the client has a diagnosis of an active, progressive life limiting illness for which the primary goal is maximising function and comfort
2. the client and/or family is aware of the diagnosis and prognosis and the referral has been negotiated with client and family
3. the referral is negotiated with the primary treating health professional and the client, family and/or caregivers have identified needs that are not adequately addressed.
4. Is there an increased risk of complicated grief for the family or caregivers

All agencies referring clients to this service will need to provide adequate and appropriate information at time of referral including the reason for the referral. A comment of "Mr B is dying" will not suffice.

The preferred document for all referral is the Palliative Care Referral Document.

Where the referring agency is unable to provide the details as per the referral document, the referrer is to ascertain as much information as possible by direct contact with the referring person(s). Use the referral format as a guide to gather information.

Referrals should be responded to in a timely manner, within 72 hours of receipt of referral. This may include phone contact initially with a follow up time arranged for a home/ hospital/other visit.

Referrers are expected to recognise and use different assessment/functioning tools for complete referral. Refer to pg 337-339 of the Therapeutic Guidelines, or attached documents explaining how to use the different assessment/functioning tools.

Failure to fill in the referral form completely may delay response to the referral.

The fundamental question regarding referral is:
Will input from the specialist palliative care service clearly help in addressing the needs of this particular client; needs that are currently not able to be addressed by the primary health care providers?

REFERENCES AND ATTACHED DOCUMENTS

Reference Document	Source
Assessment tools: AKPS, RUG-ADL, Pall Care Phases	Therapeutic Guidelines, Palliative Care Version 2