Palliative Care CNS referrals (information required **in addition** to General referral form)

Specialist consultant	Specialist CNS	NoK
Name	Name	Name
Speciality	Contact no.	Relationship
Contact no.		Contact no.

What is the Specialist palliative care need?

☐ Patient has a life limiting illness for which the primary goal is maximising function and comfort **and**

☐ All general palliative care options been exhausted

☐ Symptoms causing distress that are not responding to current management interventions

☐ Increased risk of complexity of symptoms

☐ Condition is deteriorating rapidly

Phase of illness

☐ Stable	Problems and symptoms adequately controlled by established plan of care, no new issues are apparent
☐ Unstable	Urgent change in care plan required due to new problem or rapid increase in severity of a current problem
☐ Deteriorating	Overall functional status declining plus worsening of existing problem(s) and/or new anticipated problem
☐ Dying	Death is likely within days

AKPS	AKPS
☐ 100 – Normal, no complaints or evidence of disease	☐ 40 – In bed more than 50% of time
☐ 90 – Normal activity, minor sign of symptoms of disease	☐ 30 – Almost completely bedfast
☐ 80 – Normal activity with effort, some signs or symptoms of disease	☐ 20 – Totally bedfast and requiring extensive nursing care
☐ 70 – Self caring but unable to work or carry out normal activities	☐ 10 – Comatose or barely rousable
☐ 60 – Able to care for most needs but requires occasional assistance	
☐ 50 – Considerable assistance and frequent medical care required	

Expected prognosis ☐ Days ☐ Weeks ☐ Months

☐ Anticipatory medications in place?

Main problems	Severity *severe = 3 Mod = 2 Mild = 1*
1)	1)
2)	2)
3)	3)
4)	4)

Current medications	Allergies

Have any risks been identified regarding this patient or their home? *If yes, please provide details*	☐ Yes ☐ No

Referrers name: Designation:	Contact details: Date:

All sections **must** be fully completed to reduce delays in accessing the community SPC nurse