

# Proactive Palliative Care Model

A proactive identification and referral to Palliative Care model for adults age 60 and older in an Intensive Care Unit setting.

## IMPORTANCE OF FOCUS

Clinical evidence indicates that proactive palliative care decreases costs associated with this population by decreasing the total number of procedures and interventions desired by patients and decreasing the total length of stay in the ICU. Studies also indicate that early referral to Palliative Care services improves symptom management for patients and increase patient and family satisfaction. Participation in Palliative Care is also associated with a reduction in Intensive Care Unit readmission rates after hospital discharge.

**GOALS:**

For this population, the goal is to decrease length of stay in the Intensive Care Unit. To support this goal, Palmetto Health will track:

- The time between patient admission to ICU and referral to Palliative Care Team.
- The total length of stay in the ICU.

## KEY RECOMMENDATIONS

Consider the following criteria when determining palliative care interventions for patients in the Intensive Care Unit:

**Main Intensive Care Unit criteria:**

- Advanced Stage Malignancy (metastatic cancer previously treated or advanced cancer that is not believed to benefit from cancer directed therapy)
- Status post cardiac arrest with or without anoxic brain injury
- Intraparenchymal, subarachnoid, subdural hemorrhage or ischemic stroke (IPH/SAH/ SDH/ stroke) with acute respiratory failure
- Prolonged stay in the ICU; over five days without progress
- Third readmission within six months from a facility (SNF, LTAC, other), hospital floor or home with a recurrent diagnosis.
- Two or more life threatening comorbidities (COPD, CHF, ESRD, etc)

**Other reasons to consider Palliative Care:**

- Team/Patient/Family needs help with complex decision making and determination of goals of care
- Unacceptable level of pain or other symptoms of distress exceeding 24 hours
- Uncontrolled psychosocial or spiritual issues
- Frequent visits to the emergency department (exceeding once per month for the same diagnosis)
- Patient in the ICU setting with poor prognosis
- Poor functional status

\*Please note that other possible diagnoses or criteria may support the physician's or health provider's choice to involve the palliative team.

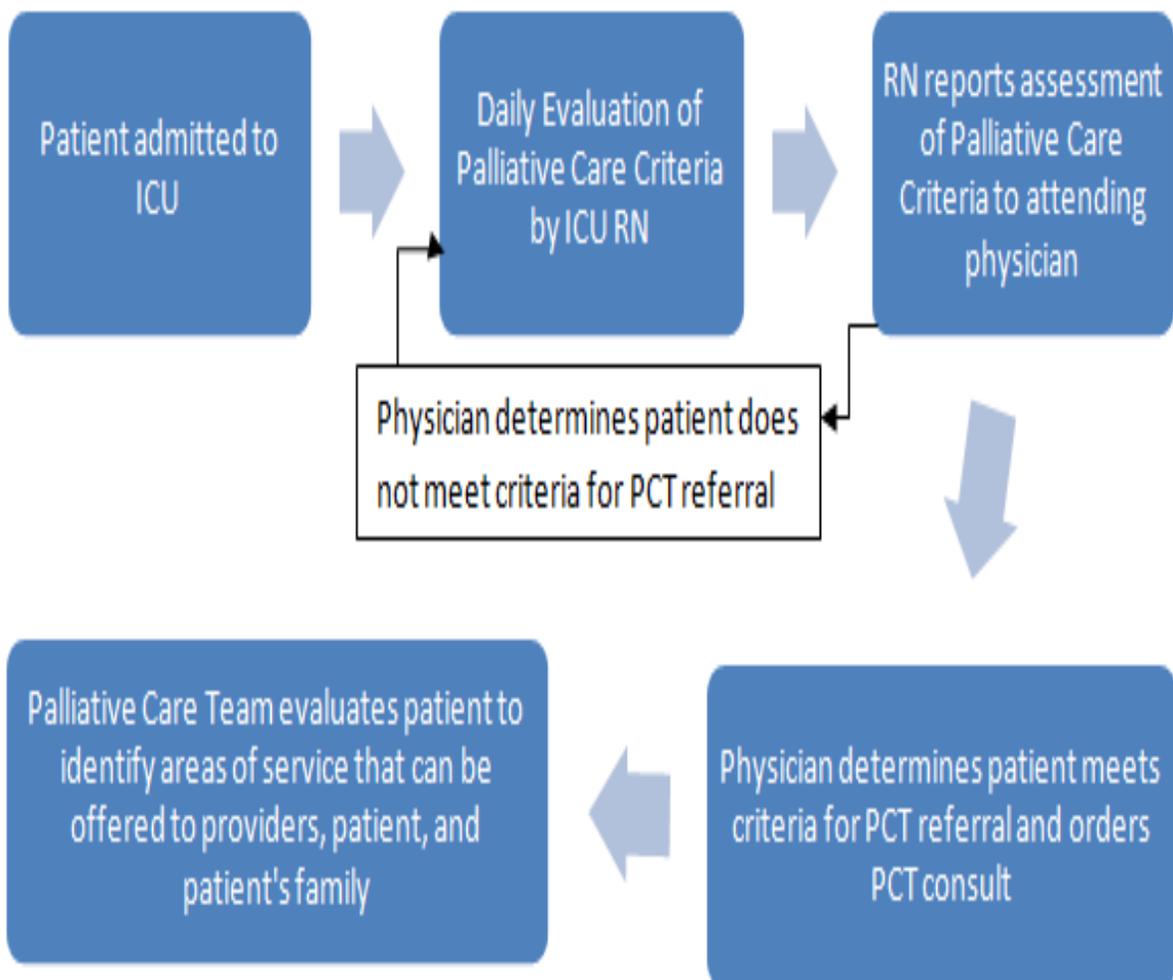
**\*\*This pathway may be used for appropriate adult patients outside of the ICU setting\*\***



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### CARE PATHWAY COMPONENTS





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## Critical Care & Palliative Care

Consider the following criteria when determining palliative care interventions for patients in the Intensive Care Unit.

### Main Intensive Care Unit criteria:

- Advanced stage malignancy (metastatic cancer previously treated or advanced cancer that is not believed to benefit from cancer directed therapy)
- Status post cardiac arrest with or without anoxic brain injury
- Intracranial, subarachnoid, subdural hemorrhage or ischemic stroke (IPH/ SAH/ SDH/stroke) with acute respiratory failure
- Prolonged stay in the ICU; over 5 days without progress
- Readmission from a facility (SNF, LTAC, other), hospital floor or home with a recurrent diagnosis. Third admission within six months or two or more life threatening comorbidities (COPD, CHF, ESRD, etc.)

### Other reasons to consider palliative care\*:

- Team/patient/family needs help with complex decision making and determination of goals of care
- Unacceptable level of pain or other symptom of distress exceeding 24 hours
- Uncontrolled psychosocial or spiritual issues
- Frequent visits to the emergency department (exceeding once per month for the same diagnosis)
- Patient is in the ICU setting with documented poor prognosis
- Poor functional status

\*Please note that other possible diagnoses or criteria may support the physician's or health provider's choice to involve the palliative team.

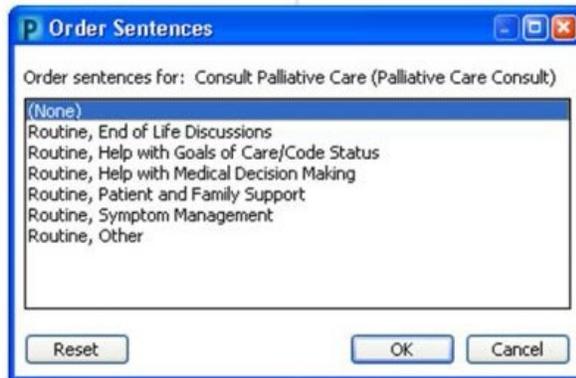
For more information about Palliative Care, call 803-296-2726



The nurse uses the criteria to make a daily assessment of the patient. The assessment is shared with the attending physician. The physician may determine to refer the patient to the Palliative Care team for further evaluation.

An order is placed in the EMR for Palliative Care Consult.

Consult Palliative Care  
Consult Pediatric Palliative Care  
**Palliative Care Consult**  
Pediatric Palliative Care Consult



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### RESOURCES

Leone, Andres F, Final Report Proactive Palliative Care for Older Adults in the Intensive Care Unit, January 2015

### For Additional Information

Contact Dr. Andres Leone or Lauren King

Reviewed/Updated August 2015

This Care Map presents a model of best care based on the best evidence available at the time of publication. It is not a prescription for every patient, and it is not meant to replace clinical judgment. Although physicians are encouraged to follow the Care Map to help focus on and measure quality, variation from the pathway may occur as clinical freedom is exercised to meet the needs of the individual patient. Send feedback to Elizabeth Sheridan, Manager of Clinical Integration for the Palmetto Health Quality Collaborative (PHQC) at [Elizabeth.sheridan@palmettohealth.org](mailto:Elizabeth.sheridan@palmettohealth.org) or 803 434-6906