Does the patient have a terminal illness and is deemed palliative where the goal of treatment is the prevention and relief of suffering?

Yes

Are the needs of the patient exceeding the capacity of the current care providers for example: discharge planning, complex symptom management and/or psychosocial, spiritual support,

Yes

Have symptoms been investigated to eliminate an acute cause i.e. UTI?

Yes

Has the patient consented (if able) to be seen by palliative care?

Yes

Current location of patient?

Community, RACF, disability accommodation services or other supported accommodation services.

Discuss referral with general practitioner

Referral to CPCS via SCTT with Palliative Care Supplement

CPCS/Consultancy team conduct assessment

Ongoing Involvement

Consultation & short term involvement

One-off advice and support

The assessing palliative care team communicates outcome with health professionals involved in patient’s care

No

No

No

No

No

Palliative Care referral not appropriate at this time.

Consider:
• Increase in current services.
• Referral to other services:
  • Carer support
  • Social work
  • HARP
  • TCP
  • Community Nursing Service
  • Residential in Reach Service

Is discharge planned within the next few days

Is the patient requiring specialist palliative care input as an ongoing inpatient?

Discuss referral with treating doctor

Referral to LMRPC Consultancy Service via SCTT with Palliative Care Supplement