Palliative Care Pathway for RACF in East Gippsland

Community Palliative Care Consultancy Service will be provided to RACF when current strategies to manage symptoms / issues are ineffective, or the resident has palliative care issues/concerns that are unmet.

Criteria for referral

✓ The client has a progressive life limiting illness for which the primary goal is maximising function and comfort
✓ The client and /or family is aware of the diagnosis and prognosis and the referral has been discussed and agreed with client and family
✓ The referral is discussed and negotiated with the primary health professional
✓ The client/caregiver and family have identified needs that are not being adequately addressed that may include:
  ⇒ Agitation / restlessness;
  ⇒ Nausea / vomiting;
  ⇒ Breathing difficulties / noisy breaths;
  ⇒ Decline oral intake / unexplained weight loss;
  ⇒ Pain; or
  ⇒ Complex family issues.

RACF contacts GP regarding management or referral

GP can contact regional service directly

Resident managed in RACF with ongoing GP support

RACF refers to Residential In-Reach (RIR) to assess

0427435126 or 0427378984
Mon - Fri business hours

Is ongoing palliative care support required?

NO

YES

RACF refers to local Palliative Care Service

Gippsland Lake Community Health (GLCH)
5155 8380
Mon - Fri business hours
For RACF residents in Lakes Entrance
Orbost
Omeo

Bairnsdale Regional Health Service (BRHS)
5152 0285
Mon - Fri business hours
For RACF residents in Bairnsdale
Paynesville

Gippsland Regional Palliative Care Consultancy Service
Phone: 51738713
Mon - Fri business hours

GLCH Palliative Nurse NP/C
GLCH Psychosocial Support Worker
# Criteria for Referral for Palliative Care Consultancy—East Gippsland

Progressive incurable disease with complex palliative care needs (physical, spiritual, psychological) which are not being met.

## Complex Palliative Care Needs

- Tumours or disease that are likely to require specialist input
- Uncontrolled symptoms (pain, delirium, nausea and vomiting)
- Two or more symptoms
- Two or more sites of pain
- Symptoms that have undergone a rapid deterioration (unstable or deteriorating phase of care)
- Significant side effects from medications
- More than 2 medications required for pain control (not including paracetamol)
- More than 4 medications required for overall symptom control
- Complex psychosocial issues including dysfunctional family, lack of carer/social supports
- Complex psychiatric history
- History of prior substance abuse
- Lack of clear advance care plan or difficulty with current goals of care
- Paediatric or young adults

## Disease Specific Indicators

<table>
<thead>
<tr>
<th>Cardiac Disease</th>
<th>Renal Disease</th>
<th>Liver Disease</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient has declined attempted cardiopulmonary resuscitation or CPR will not be of benefit</td>
<td>Advanced heart failure (e.g. NYHA 4)</td>
<td>Ascites despite maximum diuretics; spontaneous peritonitis</td>
<td>Paediatric/adolescent patients that are not for further treatment</td>
</tr>
<tr>
<td>Physical or psychological symptoms despite optimal tolerated therapy</td>
<td>Clinical features of renal failure (nausea, pruritus, restlessness, altered consciousness)</td>
<td>Hepatorenal syndrome</td>
<td>Mesothelioma</td>
</tr>
<tr>
<td>Symptomatic arrhythmias resistant to treatment</td>
<td>Intractable fluid overload</td>
<td>Encephalopathy</td>
<td>Head and neck tumours</td>
</tr>
<tr>
<td><strong>Renal Disease</strong> Dialysis or transplant not indicated, or not chosen by the patient, and at least one of:</td>
<td></td>
<td>Recurrent varical bleeding</td>
<td>Symptomatic pelvic tumours</td>
</tr>
<tr>
<td>Patient wishes to stop dialysis</td>
<td>Patient wishes to stop dialysis</td>
<td>Neuropathic pain</td>
<td>Malignant bowel obstruction</td>
</tr>
<tr>
<td>Clinical features of renal failure (nausea, pruritus, restlessness, altered consciousness)</td>
<td>Clinical features of renal failure (nausea, pruritus, restlessness, altered consciousness)</td>
<td>Multiple stage III or IV decubitus ulcers</td>
<td>Symptomatic multiple bone metastases</td>
</tr>
<tr>
<td>Intractable fluid overload</td>
<td>Recurrent varical bleeding</td>
<td>Symptoms causing distress</td>
<td>Neurogenic pain</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurological Disease</th>
<th>Pulmonary Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty eating and drinking and declines feeding tube</td>
<td>Shortness of breath at rest or minimal exertion</td>
</tr>
<tr>
<td>Wishing to stop ventilation</td>
<td>Symptomatic right heart failure</td>
</tr>
<tr>
<td>Uncontrolled pain secondary to the disease</td>
<td>Dystpnoea, secretion management or other symptom</td>
</tr>
</tbody>
</table>

## Process for Referral to:

**Residential In-Reach (RIR)**

Phone call to Bairnsdale Regional Health Service (BRHS) RIR **0427435126** or **0427378984**

**Gippsland Lakes Community Health (GLCH) Palliative Care Service**

Phone call to GLCH Palliative Care Service **5155 8380**

Fax referral to **5155 2119**

**Bairnsdale Regional Health Service (BHRS) Palliative Care Service**

Phone call to BRHS Palliative Care Service **5152 0285**

Fax referral to **5150 3299**

**Gippsland Region Palliative Care Consultancy Service (GRPCCS)**

Phone call to GRPCCS Business Hours **5173 8713** or After Hours (GP’s only) via LRH switchboard **5173 8000**

If Palliative care issue is a RACF system / capacity issue, refer to Palliative Aged Care Resource Nurse (GRPCC) for support (56226482)