Criteria for referral

- The client has a progressive, life-limiting illness for which the primary goal is maximizing 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 / rattly breaths;
  - Decline oral intake;
  - Pain;
  - Challenging discussions / complex family issues.

Palliative Care Pathway for RACF in Latrobe Region

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  - Pain;
  - Challenging discussions / complex family issues.

**RACF contacts GP**

Re decision to refer

**GP contact directly**

- Latrobe Community Health Service (LCHS) Palliative Care Service
  - **5136 5444**
  - (Monday—Friday business hours)

- Gippsland Regional Palliative Care Consultancy Service (GRPCCS)
  - **5173 8713**
  - (Business hours only)

- Residential In-Reach (RIR) to assess immediate clinical issues
  - **0418 591 454**
  - (7 days a week business hours)

**RACF / GP refer to LCHS**

Is ongoing palliative care support required?

- **YES**
  - Resident managed in RACF with ongoing GP support

- **NO**

**If Palliative care issue is a RACF system / capacity issue, refer to Palliative Aged Care Resource Nurse (GRPCC) for support (56226482)**
## Criteria for Referral for Palliative Care Consultancy—Latrobe

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 (e.g. ESAS score > 5 for 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
- 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>1. Cardiac Disease</th>
<th>5. Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient has declined attempted cardiopulmonary resuscitation or CPR will not be of benefit</td>
<td>Paediatric/adolescent patients that are not for further treatment</td>
</tr>
<tr>
<td>Advanced heart failure (e.g. NYHA 4)</td>
<td>Mesothelioma</td>
</tr>
<tr>
<td>Physical or psychological symptoms despite optimal tolerated therapy</td>
<td>Head and neck tumours</td>
</tr>
<tr>
<td>Symptomatic arrhythmias resistant to treatment</td>
<td>Symptomatic pelvic tumours</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>2. Renal Disease</th>
<th>6. Pulmonary Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialysis or transplant not indicated, or not chosen by the patient, and at least one of:</td>
<td>Shortness of breath at rest or minimal exertion</td>
</tr>
<tr>
<td>Patient wishes to stop dialysis</td>
<td>Symptomatic right heart failure</td>
</tr>
<tr>
<td>Clinical features of renal failure (nausea, pruritus, restlessness, altered consciousness)</td>
<td>Difficulty swallowing/eating; weight loss (&gt;10% loss over 6 months)</td>
</tr>
<tr>
<td>Intractable fluid overload</td>
<td>Recurrent urinary / or respiratory tract infections</td>
</tr>
</tbody>
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<th>4. Liver Disease</th>
<th>8. Neurological Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascites despite maximum diuretics; spontaneous peritonitis</td>
<td>Difficulty eating and drinking and declines feeding tube</td>
</tr>
<tr>
<td>Hepatorenal syndrome</td>
<td>Wishing to stop ventilation</td>
</tr>
<tr>
<td>Encephalopathy</td>
<td>Uncontrolled pain secondary to the disease</td>
</tr>
<tr>
<td>Recurrent variceal bleeding</td>
<td>Dyspnoea, secretion management or other symptom</td>
</tr>
</tbody>
</table>

### Process for Referral to:

**Residential In-Reach (RIR)**

Phone call to Latrobe Regional Hospital (LRH) RIR 0418 591 454

**Latrobe Community Health Service (LCHS) Palliative Care Service**

Phone call to LCHS Palliative Care Service 5136 5444

Fax referral to 5136 5449