Palliative Care Program

Disease-Specific Referral Criteria

Dementia

- discussion about future health care decisions/advance directives (early in trajectory)
- discussion of artificial hydration and nutrition
- end-stage dementia (e.g. decline in mobility, nutritional status, ability to communicate, recent hospital admission, pressure ulcers, recurrent infections)
    - pain management
    - end of life discussions - what to expect

Amyotrophic Lateral Sclerosis

- discussions regarding advance directives (in advance of the terminal stages of disease) - subsequent re-evaluation of AD could be done by me or by ALS clinic on a regular basis (q3monthly)
- assist patients expressing a desire for death
- transition to out of hospital care/non-outpatient based care
    - meet patient in ALS clinic (about time of initiation of gastrostomy discussions)
    - potential for home visit consultation or establishing a referral process for in home/community palliative care support
    - advice re management of end-of-life symptoms including breathlessness, pain
- end of life discussions - what to expect
    - withdrawal of life-extending measures already in place

Stroke

-inpatient or outpatient stroke survivors

- stroke survivors
    - post-stroke pain syndromes
    - caregiver distress
    - advance care planning (during rehabilitation, early after return home)

Muscular Dystrophy

- advance care planning
- transition to out of hospital care/non-outpatient based care
    - meet patient in neuromuscular clinic
    - potential for home visit consultation or establishing a referral process for in home/community palliative care support
- end of life discussions - what to expect
    - withdrawal of life-extending measures already in place
    - advice re management of terminal breathlessness, infections

Palliative Care Program

Disease-Specific Referral Criteria

Multiple Sclerosis

- discussions regarding advance directives (in advance of the terminal stages of disease)
- decline in cognition such that decision making capacity is compromised
- inability to carry-out ADLs independently, increasing dependency
- end of life discussions - what to expect
- expression of desire for death
- indicators that a patient is approaching the terminal stages of MS
    - repeated hospitalisations for infections (e.g. respiratory, pressure ulcer, urosepsis)
    - critical nutritional impairment, weight loss, physical decline
    - rapid disease progression with increasing and cumulative disability
    - multiple comorbidities
    - Karnofsky Performance Score (<50%) vs EDSS (>6.0)

Parkinsonian Disorders

- indicators of advanced Parkinson's disease
    - two or more of the following:
        - drug treatment no longer effective
        - drug regimen incerasingly complex
        - 'off' periods
        - dyskinesias
        - mobility problems and falls
        - swallowing problems
        - psychiatric signs
        - reduced independence
        - less control and predictability in the overall disease picture
- non-motor symptoms including pain, constipation in parkinsonian disorders
- respiratory decline in MSA - nocturnal issues, stridor

Huntington's Disease

- trigger for referral could include, but is not limited to:
    - middle stage HD or stage 2 HD -increasing physical/motor symptoms and increasing neurocognitive decline
    - late stage HD or stage 3 HD - fully dependent, nonverbal
- advance care planning discussions

Palliative Care Program

Disease-Specific Referral Criteria

Cerebral Neoplasms

- trigger for referral may be a high degree of symptom burden, including but not limited to:
  - gait impairment or motor impairment
  - cognitive changes
  - headache
  - aphasia
  - delirium
- advance care planning
- transition to out of hospital care/non-outpatient based care
  - potential for home visit consultation or establishing a referral process for in home/community palliative care support
- end of life discussions - what to expect