

## **Palliative Care Consultation Service: Scope of Services (SAMPLE)**

### **Indications for consultation referral**

- Complex symptom assessment and management
- Complex medical decisions
- Complex goal setting for end-of-life planning
- Conflict concerning goals of care between patient, family and care team
- Complex disposition planning

### **Diagnoses**

- Any real or potential life-threatening or life-limiting condition; for example:
  - ✓ Cancer—any stage
  - ✓ Chronic pulmonary, cardiac, renal or liver disease
  - ✓ Progressive neurological illness
  - ✓ Chronic vascular insufficiency
  - ✓ Diabetes with serious complications
- The following conditions fall outside the Scope of Services:
  - ✓ Chronic nonmalignant pain with no serious/life-limiting illness
  - ✓ Assessment and management of a substance-abuse disorder
  - ✓ Routine advance care planning
  - ✓ Patient or family questions about hospice benefit/services

### **Consultation Management Options**

The palliative care team will provide interdisciplinary services as indicated by the referral question and patient/family needs.

- A one-time visit where the referring clinician seeks an opinion concerning a focused problem (e.g., prognosis and eligibility for hospice services).
- A co-management role with the referring clinician for care of a specific issue(s); the palliative care team will provide daily visits and, if requested, will assume order writing privileges for a defined role (e.g. symptom management).
- Attending physician duties for in-hospital or post-hospital hospice services.
- Team members are **not** able to provide post-hospital attending clinician services for long-term care or assisted living facilities.

### **Availability**

- Full consultations: Monday-Friday 8:00-5:00.
- Nights and weekends: emergency consultations will be managed by the on-call clinician and may include in-hospital assessment. Non-emergency referrals will be managed by telephone.

Adapted From: Weissman DE Improving care during a time of crisis: the evolving role of specialty palliative care teams. J Pall Med 2015;18:204-207.