

IDENTIFICATION OF A PALLIATIVE CARE CUSTOMER (TOOL #A-1) - cont'd.

SPECIFIC DISEASE CATEGORY	Check if present
Heart Disease	
Optimally treated individuals with severe symptoms such as:	
Shortness of breath or chest pain at rest or with minimal exertion	_____
History of cardiac arrest	_____
History of syncope (fainting episode thought to result from heart problems)	_____
COPD	
Disabling shortness of breath at rest	_____
Recurrent infections	_____
Heart failure	_____
Requires O ² at all times	_____
Heart rate >100 at rest	_____
Dementia	
Incontinent of bowel and bladder	_____
Unable to ambulate without assistance	_____
Unable to speak more than a few words	_____
Stroke	
Severe post stroke dementia	_____
Severe dysphagia	_____
Recurrent fever, sepsis	_____
Other serious medical condition(s)	
Aspiration pneumonia	_____
Sepsis	_____
Decubitus ulcers (stage 3 or 4)	_____
Dysphagia, severe	_____
Advanced renal disease (serum creatinine > 5)	_____
Advanced liver failure	_____
ALS, advanced MS	_____
End-stage Parkinson's disease	_____
Extreme frailty	_____
Pain	
Use of narcotic pain medication	_____
Presence of pain on daily basis	_____
Family	
Family/customer desire not to return to hospital for care	_____
Family/customer desire for comfort care	_____
TOTAL (add checks)	