

## **Inpatient Palliative Medicine New Consult Template**

1. ID
2. RFR
3. HPI/Cancer hx (if applicable)
4. PMHx
5. Medications – home and hospital (can simply write in brackets after med “home only” or “new in hospital”)
6. Allergies, indicate how the allergy manifests itself (eg sulfa drugs causing hives)
7. Palliative Review of Symptoms – include ESAS scores here as well. Pain, dyspnea, nausea/emesis, bowels, (urinary symptoms), anorexia, hx of weight loss, dysguesia, xerostomia, depression, anxiety, sleep, energy, fatigue, drowsiness, hx of confusion,
8. Physical Exam: Always do overall appearance, including vitals (if appropriate), look for jaundice, cyanosis, pallor, edema. Comment on cognition, use CAM (eg “CAM positive” or “CAM negative”) and elaborate if positive – i.e. hypoactive vs. agitated vs. mixed, hallucinations, subtle confusion vs. florid delirium. Comment on work of breathing, presence or absence of opioid toxicity if patient is on opioids, and perform a FOCUSSED physical exam if necessary.  
.....AND PPS (why here?)
9. RELEVANT investigations and imaging
10. Social and Functional History: I include who the SDM/POA is in this section, as well as ability to perform ADLs/IADLs, whether CCAC is already involved, and whether there is additional insurance for private services.
11. Code Status: i) full code, ii) DNR/DNI but would accept bipap, pressors, transfer to the ICU, iii) DNR/DNI/No ICU but ward-based medical management, iv) comfort measures only.
12. Goals of Care: This may or may not be appropriate at the first consult. Need to find out about the person in order to understand what quality of life means to them. What gives them meaning in their life? What “trade offs” are they willing to make? Use concrete examples rather than abstraction.
13. Summary
14. Recommendations

## **Repeat Visit Palliative Template**

Name  
Patient chart number  
CC list

Diagnoses:

Dear Dr.

I saw \_\_\_ in the palliative care clinic on \_\_\_ for a follow up visit. As you know, we are following him/her for symptoms related to his/her diagnosis of \_\_\_\_\_. He/She was last seen in the CCSEO on \_\_\_\_\_. Today, he/she and was accompanied by \_\_\_\_, and I saw him/her in the company of \_\_\_ between [time].

Interim Cancer hx/HPI

Medications

Palliative ROS including ESAS (completed electronically) – pain [all OPQRST], dyspnea, N/V, appetite/intake, bowels, urinary sx, energy, fatigue, drowsiness, mood, sleep, confusion/cognitive status [+/- sexual concerns, burping, hiccups, pruritis, medication/systemic therapy S/E]

O/E including vitals and weight (completed by RN), overall appearance, mental status (if applicable), cognition (CAM + or - ), and focused physical exam. INCLUDES PPS.

New Investigations/Imaging since last appointment

Summary

Plan (meds, referrals to other MDs/interprofessional services, tests/Ix, non-pharm interventions)

Follow-up apt, He/She knows how to reach the clinic in the meantime should any issues arise.

Thanks kindly for involving me in the care of this patient.

## **New Palliative Consult Template**

Name  
Patient chart number  
CC list

Dear Dr.

Thank you for the referral of this \_\_\_ with a diagnosis of \_\_\_ to the palliative care clinic for [pain/sx mgmt. or GOC or planning or transition etc]. She/He was seen in the CCSEO on \_\_\_ and was accompanied by \_\_\_\_\_. I saw him/her in the company of \_\_\_ between [time].

Cancer hx/HPI

Other PMHx

Medications/Allergies

Palliative ROS including ESAS (completed electronically) – pain [all OPQRST], dyspnea, N/V, appetite/intake, bowels, urinary sx, energy, fatigue, drowsiness, mood, sleep, confusion/cognitive status [+/- sexual concerns, burping, hiccups, pruritis, medication/systemic therapy S/E]

O/E including vitals and weight (completed by RN), overall appearance, mental status (if applicable), cognition (CAM + or - ), and focused physical exam. INCLUDES PPS.

Relevant Recent Investigations/Imaging

Social Hx/Functional Hx/? CCAC services?

GOC/Code Status/POA or SDM

Summary

Plan (meds, referrals to other MDs/interprofessional services, tests/lx, non-pharm interventions)

Follow-up apt, He/She knows how to reach the clinic in the meantime should any issues arise.

Thanks kindly for involving me in the care of this patient.