Ontario

Palliative Care Services Referral Form (Adult)

Palliative Care Nurse Practitioner Referral Form (Adult)

Patient Details and Demographics		
Surname:	First Name(s):	
DOB:	Gender: ☐Male ☐Female ☐Other	HCN:
Address:	City:	Postal Code:
Primary Phone No.:	Alt. Phone No.:	
☐ Patient has consented to Palliative Care Referral		
Alt. Contact Name:	Relationship: ☐ POA/SDM ☐ Spouse ☐Other: _____	
Phone Number:	Alt. Phone Number:	

Health Information	
Primary Diagnosis:	Metastases (if applicable):
Allergies: ☐No known allergies ☐ Yes (please indicate): _____	
Prognosis: ☐<2 weeks ☐2 weeks–1 month ☐<3 month ☐<6 months ☐<12 months	
PPS (see page 2 for PPS Scale): ☐10% ☐20% ☐30% ☐40% ☐50% ☐60% ☐70% ☐80-100%	
Reason for referral:	
☐Yes ☐No – Resuscitation status discussed with patient ☐Yes ☐No – Patient DNR	☐Yes ☐No – Palliative status discussed with patient ☐Yes ☐No – Patient currently on service with Home & Community Care Support Services Mississauga Halton

Palliative Care Nurse Practitioner (NP) Referral – *IF REQUIRED*

Note: NPs cannot assume care for the patient as MRP. They can help support with consultations and shared care.

Urgency:

☐ (< 1 week) e.g. pain or symptom crisis, rapid decline

☐ Routine ** Referrals will be triaged on complexity and care needs. Our team may advise or refer to appropriate resources beyond our team.

☐ One-time Consult ** The NP team may provide a one-time consult or ongoing shared care based on patient need.

Reason for NP referral - *please include prognosis and PPS and reason for referral with clinical notes to ensure timely access*

Referring Practitioner Information		
Name:	☐MRP	Designation: ☐MD ☐NP ☐RN
Phone Number:	Alt. Phone Number:	
Signature:		Date:

Most Responsible Provider Information (if not same a referring practitioner)		
Name:	Designation: ☐MD ☐NP	☐ MRP aware of referral
Phone Number:	Alt. Phone Number:	

To qualify for palliative care services (excluding Palliative Care Nurse Practitioners) the patient's prognosis must be <12 months

Return this form to the Home & Community Care Support Services Mississauga Halton via fax to (905) 855-8989

For questions please call (905) 855-9090

Palliative Performance Scale (PPSv2) Version 2

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/housework Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

Mississauga Halton Palliative Care Nurse Practitioners can:

- Provide support to the primary care team and specialist providers to address complex palliative care needs and increase capacity within the region to provide palliative and end of life care.
- Provide shared care with the most responsible provider (MRP)
- Provide face to face patient assessments in home, physician office and/or hospital
- Assist with complex or refractory pain and symptom management (e.g. pain, nausea, dyspnea, anxiety)
- Assist with complex or refractory psychosocial needs of patients and their family during life transitions
- Develop goals of care and/or end of life planning
- Provide strategies to reduce ED visits or hospitalizations
- Assist with complex hospital discharges or other transitions
- Able to follow a patient on a community team with a prognosis 12 months