The University of Washington Medical Center (UWMC) has observed that symptom management is not optimized due to delayed palliative care referrals and underutilization of palliative care consults, and wishes to improve symptom management for their patients. UWMC proposed the creation of a protocol for bedside nurses to identify palliative care needs and consequently, refer patients to palliative care.

**WHAT IS PALLIATIVE CARE?**

Palliative care, according to the World Health Organization is, “an approach that improves the quality of life of patients and their families through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”

**METHODS**

- Iowa Model of Evidence Based Practice used as a guide throughout project.
- Literature analysis included randomized controlled trials, systematic reviews and case studies from other institutions. It focused on barriers to palliative care referrals; views and understanding of palliative care; and what other organizations have done.
- Consultation with key stakeholders at UWMC to review literature and organization goals; feedback helped guide recommendations for protocol.
- The Center to Advance Palliative Care’s (CAPC) Improving Palliative Care in the ICU (IPAL-ICU) project informed the creation of the screening tool and recommendations for piloting, implementing and evaluating the protocol.

**WHY IS PALLIATIVE CARE IMPORTANT?**

Approximately 90 million Americans have a serious and life-limiting illness; the early integration of palliative care can both improve the quality of life for these patients and their families and decrease disease associated healthcare costs.1

**RESULTS**

The following criteria has been designed to assist in decision making and identification of patients with unmet palliative care needs. Please screen each patient upon admission to your unit, weekly thereafter and as needed. This tool has been created based on a literature review of existing palliative care screening tools, expert opinions and recommendations.

**Check all that apply:**

- Multi-organ (2) failure (1 point)
- Major acute neurologic insult, e.g., Malignant stroke, CNS trauma, post-CPR encephalopathy (1 point)
- ICU length of stay ≥ 24 days (1 point)
- ≥ 2 ICU admissions during the same hospital stay (1 point)
- Consideration to start or initiation of renal replacement therapy during ICU stay (1 point)
- Conflicts over care goals (e.g., use of life-sustaining treatments or CPR) (1 point)
- Complex disposition planning (e.g., limited social support) (1 point)
- Patient and/or family request palliative care consult (2 points)

**Total Score: ________**

Total score ≥ 2 indicates need to consider Palliative Care referral. Contact your primary team to discuss and request Palliative Care referral.

**CONCLUSIONS**

- Literature recommends the use of a standardized screening tool.1,3
- The utilization of a checklist-type screening tool provides objective guidelines for the user.1
- In acute care hospitals, studies show nurses were assumed to most likely facilitate a palliative care consult.4
- Nurses are most likely to identify the early need for palliative and that it should not be reserved for end-of-life.4
- Having a standardized approach can allow referrals to be nurse-driven and timely.
- Creation of one screening tool that can be utilized across all units within in a hospital is too sensitive. A unique screening tool will need to be utilized for each unit.

**RECOMMENDATIONS**

- Integrate the Palliative Care Assessment screening tool in the EHR at UWMC, ORCA.
- Pilot the protocol in the Oncology/BMT ICU.
- Review with a focus on whether or not the stakeholders believe the screening tool criteria is appropriate.
- Implementation: provide clear direction and training to the nursing staff in the ICU about what their role is and what they will do.
- Evaluate the process 1-2 months after implementation with the planning team and stakeholders.
- To disseminate, screening tool criteria should be tailored to each unit in order to best serve the specific population and not be too sensitive.

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