



PALLIATIVE CARE

*Improving the quality of life
and comfort of patients and
families living with serious illness*

Palliative Care Team

Our team works with you and your family around your **Goals of Care** and **Advanced Care Planning**. We are experts at providing tender care. Your team might include our physicians, nurse practitioners, nurses, occupational, speech and physical therapists, social workers, chaplains, dietitians, and home health aides.

Palliative Care Specialty Professional Service *Partnering with Primary Care*

Our physicians and nurse practitioners work to support busy primary care practices as an extension of their team. If you are a healthcare provider and have a complex or fragile patient who might benefit from palliative care, please contact our team for a consultation.

Visit nvna.org/medical-professionals to learn more
or call **781.659.2342** and ask for our intake team.

- We support our shared, complex patients with management of refractory pain, complex depression, anxiety, grief and existential distress.
- We assist our fellow healthcare providers in conflict resolution regarding goals or methods of treatment within families, between staff and families and among treatment teams.



Home. Health. Care.

781.659.2342

nvna.org

Palliative Care MD/NP Consultation Request

Ref Location _____ Contact _____

Ref Date _____ SOC Date _____

Last _____ First _____ DOB ____ / ____ / ____ Age _____

Address _____

Telephone # _____ Primary Language _____

Ins. _____ PCP _____

Consulting Physicians/Specialty _____

Code Status: _____ Molst Order: _____

DX: _____ Hospital Admit Dates: _____

HCP: _____ Invoked: YES / NO Legal Guardian: _____

Therapies: Chemo Radiation Dialysis TPN IV Med Feeding Tube Other _____

Services: Consult Only _____ Co-Management _____

Reasons for Consult:

- | | |
|---|--|
| <input type="checkbox"/> Pain Management | <input type="checkbox"/> Advance Care Planning |
| <input type="checkbox"/> Complex Symptom Management | <input type="checkbox"/> Frail Elder with risk for Caregiver Burnout |
| <input type="checkbox"/> Establishing or Clarifying Goals of Care | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Coordination of Care | |

Does your patient have 1 or more of the following ADVANCED/SERIOUS illnesses? (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Cancer (ex. recurrent/metastatic) | <input type="checkbox"/> Neurological Disorder (ex: ALS, PSP, MSA, Parkinson's) |
| <input type="checkbox"/> Advanced Cardiac Disease (ex. NYHA Class IV) | <input type="checkbox"/> Advanced Renal Disease (ex. stage IV and V CKD) |
| <input type="checkbox"/> Advanced COPD (ex. GOLD Classification IV) | |
| <input type="checkbox"/> Advanced Dementia (ex. language and ambulatory ability affected) | |

Does your patient have 1 or more of the following co-morbid illnesses (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Moderate Renal Disease (ex. Stage III and IV CKD) | <input type="checkbox"/> Liver Disease |
| <input type="checkbox"/> Moderate COPD (ex. GOLD Classification III and above) | <input type="checkbox"/> Other Condition Complicating Cure _____ |
| <input type="checkbox"/> Moderate CHF (ex. NYHA Class III and above) | |

Is your patient experiencing any of the following issue (select all that apply):

- >2 hospital admissions for the same diagnosis in the past 6 months
- Multiple ED visits for similar complaints in the past 6 months (>3)
- Unacceptable level of pain for >24 hours
- Uncontrolled symptom/s for >24 hours (dyspnea, N/V, cough, insomnia, etc.)
- Uncontrolled psych/social/spiritual distress related to illness, change in condition or function
- Failure to progress with therapy
- Prolonged stay on service with little to no progress/unrealistic expectations or goals
- Hospice eligible, but not accepting of hospice services

*Please Fax H&P, Last Encounter Note, Advance Directives and a Current Medication List in addition to this form.

NVNA and Hospice Intake Team Fax 781.659.2139

