

PMAG PALLIATIVE CARE PATIENT SCREENING TOOL

PATIENT NAME:	DATE OF BIRTH (mm-dd-yyyy):
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Criteria 1 - Please consider the following criteria when determining the Palliative Care score of this patient (SCORE 2 POINTS EACH)

1. Basic Disease Process	
<input type="checkbox"/> Cardiac Disease (e.g., CHF, CAD, CM, etc.)	2
<input type="checkbox"/> COPD	2
<input type="checkbox"/> Cancer	2
<input type="checkbox"/> Stroke	2
<input type="checkbox"/> CNS Disease (e.g., Parkinson's, ALS, MS, etc.)	2
<input type="checkbox"/> Other Serious Illness (e.g., ESRD... etc.)	2

Criteria 2 - Please consider the following criteria when determining the Palliative Score of this patient (SCORE 1 POINT OVERALL)

2. Associated Disease Processes	
<input type="checkbox"/> Liver Disease	1
<input type="checkbox"/> Renal Disease	
<input type="checkbox"/> Lung Disease	
<input type="checkbox"/> Other Life-Limiting Illness	
<input type="checkbox"/> Other Conditions Complicating Care (e.g., Diabetes, Persistent Anxiety, SOB, Fatigue, Chronic Pain, Dementia, etc.)	

Criteria 3 - Please consider the following criteria when determining the Palliative Care score of this patient (SCORE 1 POINT EACH)

3. Basic Disease Process	
<input type="checkbox"/> Needs help with complex decision-making and goals of care.	1
<input type="checkbox"/> Is not a candidate for curative therapy.	1
<input type="checkbox"/> Has a life-limiting illness and chosen to have life prolonging therapy.	1
<input type="checkbox"/> Has unacceptable level of pain >24 hours.	1
<input type="checkbox"/> Has difficult-to-control symptoms (e.g., pain, N/V, weight loss, etc.).	1
<input type="checkbox"/> Has psychosocial or spiritual issues (e.g., inadequate family support, food insecurity, housing issues, etc.).	1
<input type="checkbox"/> Has frequent visits to the Emergency Department.	1
<input type="checkbox"/> Has more than one hospital admission for the same diagnosis in last 30 days.	1

**4. Functional Status of Patient
PPS (Palliative Performance Scale) / ECOG Performance Status (Eastern Cooperative Oncology Group)**

SCORE AS SPECIFIED BELOW

PPS	ECOG	Scale	
100-90	0	Fully Active, able to carry on all pre-disease activities without restriction.	0
80-70	1	Restricted physically strenuous activity, but ambulatory and able to carry out work of a light or sedentary nature (e.g., light housework, office work).	0
60-50	2	Ambulatory and capable of all self-care, but unable to carry out any work activities. Up and about more than 50% of waking hours.	1
40-30	3	Capable of only limited self-care; confined to bed or chair more than 50% of waking hours.	2
20-0	4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.	3

TOTAL SCORE:

SCORING GUIDELINES: TOTAL SCORE = 2 Monitor with follow-up.
TOTAL SCORE = 3 Consider consult.
TOTAL SCORE = 4 Needs consult (inform/educate patient, initiate referral form for Case Mgt)

Patient screened by:

Print Name: _____ Signature: _____ Date Screened: _____

Note: This screening tool is designed to help identify patients who may benefit from Palliative Care services. Its use is not intended for diagnosis, prognosis, or any directive regarding the practice of medicine.