

Patient's name: _____
 Address: _____
 _____ Postal code: _____
 Date of birth: _____
 Phone number: _____
 PHN: _____
(or patient label or stamp)

Palliative Care Program Request for Consultation

Page 1 of 2

Request for consultation may be made by any member of the primary health care team. **The patient must be registered with the Northern Health Palliative Care Program prior to consultation.** Consultation requests for patients not registered will be prioritized with other requests, as resources allow.

Contact the appropriate HSDA:

- Northeast Palliative Care Nurse Consultant at 250-795-6134
 - Northern Interior Palliative Care Nurse Consultant at 250-565-7318
 - Northwest Palliative Care Nurse Consultant at 250-631-4191
- (Nurse Consultants work Monday to Friday 8AM to 4PM)

Fax completed form to 250-565-5596

Type of consultation required: Nurse consultation Team consultation
 Physician consultation Regional Pharmacist consultation

Family physician: _____ Phone number: _____

Other physician(s): _____ Phone number: _____

Family physician aware of request for consultation Notified by: _____

| | |
|---|--|
| Diagnosis (primary): _____ _____ Diagnosis (secondary): _____ _____ Patient's current location: _____ | PPS %: _____ <input type="checkbox"/> Stable <input type="checkbox"/> Slow decline <small>(Palliative Performance Scale (PPS) on reverse)</small> <input type="checkbox"/> Rapid decline <input type="checkbox"/> Unknown Allergies: _____ _____ |
|---|--|

Referred by: _____ Date: _____

Contact number: _____

History - Please attach most recent history, consults, lab work and medication administration record (MAR):

Reason for consult - Please describe current medical situation and patient medical background history:



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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 <i>with</i> 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 necessary | Normal or reduced | Full or confusion |
| 40% | Mainly in bed | Unable to do most activity Extensive disease | Mainly assistance | Normal or reduced | Full or 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 | --- | --- | --- | --- |

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The Palliative Performance Scale version 2 (PPSv2) tool is copyright to Victoria Hospice Society and replaces the first PPS published in 1996 [J Pall Care 9(4): 26-32]. It cannot be altered or used in any way other than as intended and described here. Programs may use PPSv2 with appropriate recognition. Available in electronic Word format by email request to judy.martell@viha.ca. Correspondence should be sent to Medical Director, Victoria Hospice Society, 1900 Fort St, Victoria, BC V8R 1J8, Canada

Outcome faxed back to referral source by: _____ Date: _____