



All Sites and Facilities

## Request for Palliative Team Consultation

Page 1 of 2

Last Name: _____			
First Name (Preferred Name): _____			
Encounter number: _____	NH Number: _____	Chart Created: Y/N _____	
Date of Birth: _____	Gender: _____	Age: _____	Encounter Type: _____
Responsibility for Payment: _____		PHN: _____	
Primary Care Physician/Attending Physician: _____			
<b>PATIENT LABEL</b>			

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.  
**Patients who are registered with the palliative care program will be prioritized.**

**Contact The Northern Health Palliative Care Nurse Consultants at:  
250-645-3791**

(Nurse Consultants work Monday to Friday 8 am to 4 pm excluding statutory holidays)

**For Physicians Only:** For urgent requests after hours, weekends, and statutory holidays please call UHNBC switchboard for the on-call palliative care physician.

Family physician: _____	Phone number: _____
Other prescriber(s): _____	Phone number: _____
<input type="checkbox"/> Most Responsible Physician aware of request for consultation	Notified by: _____

Diagnosis (primary): _____	PPS % _____ (Palliative performance scale (PPS) on reverse)	<input type="checkbox"/> Rapid decline
Diagnosis (secondary): _____		<input type="checkbox"/> Slow decline
Patient's current location: _____	<input type="checkbox"/> Unknown	
<b>Allergies:</b>		

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:

**Please indicate if the patient is having any of the following symptoms:**

- pain     dyspnea     fatigue     nausea     vomiting     constipation     anorexia  
 confusion/delirium     anxiety     depression

Fax completed form to 250-565-5596



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### Palliative Performance Scale (PPSv2) Version 2

PPS Level	Ambulation	Activity and Evidence of Disease	Self-care	Intake	Conscious Level
100%	Full	Normal activity and work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity and work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity <i>with</i> effort Some evidence of disease	Full	Normal or reduce	Full
70%	Reduced	Unable normal job/work Significant disease	Full	Normal or reduce	Full
60%	Reduced	Unable hobby/housework Significant disease	Occasional assistance necessary	Normal or reduce	Full or confusion
50%	Mainly sit/lie	Unable to do any work Extensive disease	Considerable assistance necessary	Normal or reduce	Full or confusion
40%	Mainly in bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduce	Full or confusion
30%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Normal or reduce	Full or drowsy +/- confusion
20%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Minimal to sips	Full pr 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](mailto:judy.martell@viha.ca). Correspondence should be sent to Medical Director, Victoria Hospice Society, 1900 Fort St, Victoria, BC V8R 1J8, Canada