ACEP PALLIATIVE CARE TOOLKIT

Triage Screening (by any team member: MD, RN, CM, SW, NP, PA):

Screen for Palliative Care (PC)-Eligible Patients

- Serious non-survivable illness AND with any of the following:

Provide General Palliative Care Patient Information

- Consider providing pre-interview a neutrally worded informational handout to introduce palliative care concepts and value proposition:

Point-of-care Interventions:

Treating Common Distressful Symptoms

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>DRUG TO CONSIDER</th>
<th>DOSE</th>
<th>TIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>Opioids [dose conversion]</td>
<td>10-20% of current total daily dose for breakthrough</td>
<td>After 1st dose - for moderate pain, increase 50% - for severe pain, increase 100%.</td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>Haldol</td>
<td>0.5-2mg IV or PO</td>
<td>Prolongs QT → check EKG</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>Morphine</td>
<td>2-4mg IV or 10mg po</td>
<td>Unlikely to depress respiratory drive at this dose</td>
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<tr>
<td></td>
<td>Ativan</td>
<td>0.5-1mg IV or po</td>
<td>Second line, may worsen delirium</td>
</tr>
<tr>
<td>Delirium</td>
<td>Haldol</td>
<td>0.5-2mg IV or po</td>
<td>Search for underlying cause.</td>
</tr>
<tr>
<td>Terminal secretsions</td>
<td>Glycopyrrolate</td>
<td>0.1mg IV or 0.2mg PO</td>
<td>Reduces respiratory gurgling</td>
</tr>
<tr>
<td></td>
<td>Atropine 1% ophthalmic gtt</td>
<td>1-2 drops sublingual</td>
<td></td>
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</table>
Goals of Care (GOC) Discussion
Format: “You and I Feel Good Talking; it’s our Ultimate Responsibility”

- What is your Understanding of your illness?
- May I update you with more Information on your illness?
- Address verbal and nonverbal cues for Fears.
- What are your Goals as you think about where we go from here?
- What Tradeoffs do you see in considering your options?
- What would be an Unacceptable outcome for you?

Based on our discussion, here is what I Recommend for next steps.

* If surrogate, frame in terms of “what the patient, not surrogate, would have wanted”
* Consider wording such as: aggressive comfort care vs. aggressive curative approach

After your assessment and interventions:

Disposition (leverage ED case manager or social worker)

![Diagram of inpatient and outpatient care pathways]

- Inpatient:
  - Sick comfort care
  - ED/ICU PC consult

- Stable comfort care
- PC consult + inpatient hospice

- Well unclear GOC
- PC consult

- Unsurprised if die within six months
  - Hospice referral

- Outpatient
  - Well but poor prognosis
  - Outpatient PC consult