

# 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:

**BOUNCE-BACKS**  
More than one ED visit or hospital admission for the same condition within several months<sup>4</sup>

**UNCONTROLLED SYMPTOMS**  
ED visit prompted by difficult-to-control physical or psychological symptoms<sup>3</sup>

**FUNCTIONAL DECLINE**  
Decline in function, feeding intolerance, unintentional weight loss or caregiver distress<sup>4</sup>

**INCREASINGLY COMPLICATED**  
Complex long-term care needs requiring more support<sup>1</sup>

### 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

SYMPTOM	DRUG TO CONSIDER	DOSE	TIPS
Pain	Opioids <a href="#">[dose conversion]</a>	10-20% of current total daily dose for breakthrough	After 1 <sup>st</sup> dose - for moderate pain, increase 50% - for severe pain, increase 100%.
Nausea/ Vomiting	Haldol	0.5-2mg IV or PO	Prolongs QT → check EKG
Dyspnea	Morphine	2-4mg IV or 10mg po	Unlikely to depress respiratory drive at this dose
	Ativan	0.5-1mg IV or po	Second line, may worsen delirium
Delirium	Haldol	0.5-2mg IV or po	Search for underlying cause.
Terminal secretions	Glycopyrrolate	0.1mg IV or 0.2mg PO	Reduces respiratory gurgling
	Atropine 1% ophthalmic gtt	1-2 drops sublingual	

## Goals of Care (GOC) Discussion

Format: “**You and I Feel Good Talking**; it’s our **Ultimate Responsibility**”

What is your **U**nderstanding of your illness?

May I update you with more **I**nformation on your illness?

Address verbal and nonverbal cues for **F**ears.

What are your **G**oals as you think about where we go from here?

What **T**radeoffs do you see in considering your options?

What would be an **U**nacceptable outcome for you?

Based on our discussion, here is what I **R**ecommend 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)**

