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| **PATIENT DETAILS:****Surname:** **Forename: Preferred Name:****Address:****Postcode: Tel:****NHS NO:** **DOB: Age:** | **GP PRACTICE ADDRESS:****GP Name: Tel No:** |
| **NEXT OF KIN / SIGNIFICANT OTHER:****Name: Contact number:****Same address: Yes □ No□** **Address if different:** |
| **LOCATION OF PATIENT AT TIME OF REFERRAL:****HOME □ NURSING/CARE HOME □ HOSPITAL: □ SHH □ WARD:** **NAME IF OTHER HOSPITAL:** |
| **FUTURE CARE PLANNING:** **Does the patient have a Health & Welfare LPA: Yes □ No□** **Does the patient have a DNACPR: Yes □ No□** **Does the patient have an EPAC Record: Yes □ No□****Does the patient have any Advance Care****Planning documentation: Yes □ No□** | **CONSENT:****Has the patient given consent for this referral: Yes □ No□** **Has the patient consented for us to access** **their medical records: Yes □ No□** **Background Information attached: Yes □** ***(To include Clinic Letters / Scans / Annotations / Up to date list of medications to help support the referral)******Please ensure the patient understands consent to referral and consent to accessing their information*** |
| **REFERRAL INFORMATION:****Diagnosis: Date of Diagnosis:****Present / Past Treatment:****Reason / Need for Specialist Palliative Care input: (*please expand reason for referral – see Referral Criteria overleaf*)** |
| **Is the Patient known to the District Nurses: Yes □ No□ Date Referred:** |
| **Referrers Printed Name:** | **Referrers Signature:** |
| **Date of referral:** | **Referrers Designation:** |
| **Referrers Contact Number:** | **Referrers Organisation:** |

**Please ensure all above fields are completed as this may delay response to the referral**

**REFERRAL CRITERIA OVERLEAF**

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| **This is guidance to support decision making as to when to refer to the Specialist Palliative Care Service. Referral may be dependent on your level of competence. Please contact the team on 419 4215 if you need advice as to whether to refer or not** |
| **Palliative Care Issue** | **Before referral to the Specialist Palliative Care Service you should:** | **Refer to the Specialist Palliative Care Team when:** | **Discharge from the Specialist Palliative Team will occur when:** |
| **Pain** | * assessment, appropriate investigations, diagnosis of cause of pain
* initiate treatment in accordance with Stockport Palliative Care Pain and Symptom Control Guidelines
* Apply World Health Organisation pain ladder and suitable adjuvant therapy – **review at least daily**
* Document outcome daily
 | * use of World Health Organisation pain ladder and appropriate adjuvant result in incomplete analgesia and/or unacceptable side effects.
* escalated uncontrolled pain
 | * pain is managed and potential side effects are minimised
 |
| **Other****symptoms** | * assessment, appropriate investigations, diagnosis
* initiate treatment in accordance with Stockport Palliative Care Pain and Symptom Control Guidelines
* **review at least daily**
* Document outcome daily
 | * incomplete symptom control
* unacceptable side effects.
* complex, multiple symptom control problems
 | * symptoms are managed and potential side effects are minimised
 |
| **Emotional****or****psychological****support****for****carer** | * initiate basic psychological support
* initiate basic spiritual support
* review and reassess as necessary
* document outcome daily
* consider referral to Beechwood Cancer Care
 | * complex psychological and spiritual support is required
 | * carer no longer requires ongoing psychological and spiritual support and appropriate onward referral has been made
 |
| **Emotional****or psychological****support****for****patient**  | * initiate basic psychological support .
* initiate basic spiritual support
* review and reassess as necessary
* document outcome daily
* consider referral to Beechwood Cancer Care
 | * complex psychological and spiritual support is required
 | * patient no longer requires ongoing psychological and spiritual support and appropriate onward referral has been made
 |
| **Social and Financial Issues** | * refer to adult Social Services if appropriate
* refer to Macmillan Welfare Rights Office for financial advice and support
 | * If financial refer directly to Macmillan Welfare rights office
 | * Issues addressed
 |
| **Advance Care Planning and Placement** | * Patient wishes to discuss preference and wishes re care and placement. Discussion takes place if you feel able to have the discussion.
* If appropriate commence Fast Track CHC discharge process ( doesn’t require referral to Specialist Palliative Care Team)
 | * Support needed with Advance Care Planning
* to advise where the issue of placement is complex.
* Rapid Discharge Process if person in last 2 weeks of life
* need advice re appropriateness of Hospice Admission
 | * Advance Care Plan in place and / or Placement achieved
 |
| **Last days of life care** | * identify that the patient is dying
* ensure symptom control, psychological support
* assess and instigate individual plan of care based on Priorities for Care of the Dying Person guidance
 | * if support is required to achieve appropriate symptom control, psychological support and spiritual care.
* Family Distress
 | * patient has died and carer support has been identified and actioned
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