

**PALLIATIVE CARE
CONSULTATION**

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Date 9/10/12 Time 10 am

Reason for Consult/Visit

- Goals of Care Symptom Management
- Advance Care Planning/Decision Making Assistance
- Emotional Support End of Life Management
- Other _____

Referred By Dr Rao

Chart Reviewed

Chief Complaint AMS

History of Present Illness Patient was found unresponsive and unarousable at nursing home
Patient has had multiple hospitalizations recently and was septic as recently as March

Allergies NKDA

Current Medications Current Medication List Reviewed

Pertinent Medications Clindamycin, Colace, Digoxin, Cefepime, ASA, Protonix, Tobramycin, Diflucan

Past Medical History

- CVA HTN Dementia DM CAD PVD HIV ESLD
- CHF COPD Recent Hospitalization Previous Surgery Cancer _____
- Chemotherapy Radiation Other ARF/CRF, asthma, sepsis

Social History

Smoking None Previous Present Alcohol None Previous Occas Moderate Heavy

Drug Use None Previous Present

Mental Status S M D Sep Sign Other Occupation _____

Family History Non-Contributory Significant _____

Review of Systems/Symptom Assessment Unobtainable Reason Unresponsive

- | | | | | | | |
|------------------|-----------------------------------|---|--|---|---|---|
| General | <input type="checkbox"/> Negative | <input type="checkbox"/> Fever | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Weight Gain | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Appetite Loss |
| Head/Eyes/ENT | <input type="checkbox"/> Negative | <input type="checkbox"/> Tinnitus | <input type="checkbox"/> Dysphagia | <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Poor Dentition | |
| Cardiovascular | <input type="checkbox"/> Negative | <input type="checkbox"/> Edema | <input type="checkbox"/> DOE | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Pacemaker | |
| Pulmonary | <input type="checkbox"/> Negative | <input type="checkbox"/> Cough | <input type="checkbox"/> SOB/Dyspnea | <input type="checkbox"/> Wheezing | | |
| Gastrointestinal | <input type="checkbox"/> Negative | <input type="checkbox"/> Nausea | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Constipation | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Abdominal Pain |
| Genitourinary | <input type="checkbox"/> Negative | <input type="checkbox"/> Incontinent | <input type="checkbox"/> Hematuria | <input type="checkbox"/> Frequency | | |
| Skin | <input type="checkbox"/> Negative | <input type="checkbox"/> Rash | <input type="checkbox"/> Decubitus Ulcer | <input type="checkbox"/> Dry Skin | <input type="checkbox"/> Non-Healing Sores | |
| Hematologic | <input type="checkbox"/> Negative | <input type="checkbox"/> Bleeding | <input type="checkbox"/> Anemia | <input type="checkbox"/> Easy Bruising | | |
| Psychiatric | <input type="checkbox"/> Negative | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Restlessness/Agitation | | |
| Neurologic | <input type="checkbox"/> Negative | <input type="checkbox"/> Delirium | <input type="checkbox"/> Headaches | <input type="checkbox"/> Confusion | <input type="checkbox"/> Generalized Weakness | |
| Musculoskeletal | <input type="checkbox"/> Negative | <input type="checkbox"/> Muscle Wasting | <input type="checkbox"/> Limited ROM | <input type="checkbox"/> Contractures | <input type="checkbox"/> Fracture | <input type="checkbox"/> Pain |

Pain Score (0 - 10) _____

Karnofsky / Palliative Care Performance Score 10 %

2400187 (11/11)
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PALLIATIVE CARE CONSULTATION

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Physical Exam

BP 100/36 HR 91 RR 25
T 100.2 O2 sat 95% on vent

General Elderly female patient, unresponsive
Head/Eyes/ENT + corneal reflexes
Cardiovascular S1, S2
Chest BLAE+
Abdomen Soft, non-tender, BS+
Extremities + edema
Skin Sacral decubitus
Neurologic Unresponsive

Laboratory & Diagnostic Tests

Reviewed
Pertinent Lab Tests WBC 19.2, H&H 8.5/25.5

Pertinent Diagnostic Tests _____

Advance Care Planning

Advance Directive Completed Yes No
 Full Code DNR
Advance Directive Copy on Chart Yes No

Interventions

Discussion included Goals of Care Treatment Options Code Status Advance Directive
 Pain Management Symptom Management End of Life Care Emotional Support
 Withdrawal of Life Support Hospice Discharge Plan

Elderly patient with extensive medical history and multiple hospitalizations. Patient's condition continues to deteriorate. Will meet with daughter to discuss options of care.

Plan/Recommendations

- 1 Ascertain goals and expectations
- 2 Discuss options of care, to include withdrawal of life support
- 3 Provide emotional support as care decisions need to be made
- 4 _____

Discussed with Nurse Case Management/Social Worker Chaplain Other _____

Discussed with MD/PA/NP Dr Rao

Discussed with Family/Surrogate Dawn Frasier (daughter)

Family Meeting Requested Yes No

Family Meeting Scheduled 9/10/12 1 pm ICU

(Date/Time/Location)

Nancy Ann AD

MD/APN Beeper # _____ Total Time Spent 60 min

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