

## REFERRAL GRID FOR PALLIATIVE CARE PATIENTS

Referrals should be categorised as **double red, red, amber** or **green** when the referral is received and updated daily.

<p style="text-align: center;"><b>DOUBLE RED 1</b> <u>Symptom needs</u> → These symptoms will require more than once daily surveillance and intervention and review on weekend</p>	<p style="text-align: center;"><b>RED 1</b> <u>Symptom needs</u> → These symptoms will require at least daily surveillance and intervention but not necessarily weekend review.</p>	<p style="text-align: center;"><b>AMBER 1</b> <u>Symptom needs</u> ↔ Amber referrals will include those who have moderate surveillance and support needs that will need re-assessment every 2 - 3 days</p>	<p style="text-align: center;"><b>GREEN 1</b> <u>Symptom needs</u> ← These patients will have symptoms that need surveillance and intervention on a weekly basis or less. The patient, family and HCP will need to be aware of this and family should be given contact details for the palliative care team</p>
<p><b>Unstable or unpredictable symptoms:</b> All those with intractable and complex pain Complicated or intractable nausea and vomiting Agitated confusion Rapid and complex discharges, especially for those patients choosing to die at home. May include ICP</p>	<p><b>Unstable or unpredictable symptoms:</b> All those with intractable and complex pain Complicated or intractable nausea and vomiting Agitated confusion. May include ICP.</p>	<p>Patients symptoms are <b>stabilising</b> e.g. using less prn medications and tolerating regular medication</p>	<p>Patients are assessed as <b>stable</b> but may have advanced disease and be at risk of sudden changes in condition which will require further specialist assessment. They may need specialist surveillance if in generalist ward environment where changes in symptoms may go un-noticed.</p>
<p style="text-align: center;"><b>DOUBLE RED 2</b> <u>Emotional needs</u> → High level of emotional support is needed at least once daily and may include the following:</p>	<p style="text-align: center;"><b>RED 2</b> <u>Emotional needs</u> → High level of emotional support is needed on a daily basis and may include the following:</p>	<p style="text-align: center;"><b>AMBER 2</b> <u>Emotional needs</u> ↔ Moderate levels of emotional support are needed and may include the following:</p>	<p style="text-align: center;"><b>GREEN 2</b> <u>Emotional needs</u> ← Occasional emotional support will be needed and may include the following:</p>
<p>Newly diagnosed with life threatening illness or reoccurrence of disease Progression of symptoms Imminent death / end of life issues</p>	<p>Newly diagnosed with life threatening illness or reoccurrence of disease Progression of symptoms Imminent death / end of life issues</p>	<p>Where patients are showing signs of adjustment to diagnosis and prognosis Where patients are expressing normal signs of adjustment in line with their disease progression</p>	<p>These patients may require sporadic support and counselling whilst living with and adjusting to a life-threatening illness.</p>
<p style="text-align: center;"><b>DOUBLE RED 3</b> <u>Family support needs</u> High levels of support are needed on at least a daily basis either face to face or by telephone</p>	<p style="text-align: center;"><b>RED 3</b> → <u>Family support needs</u> High levels of support are needed on a daily basis either face to face or by telephone:</p>	<p style="text-align: center;"><b>AMBER 3</b> ↔ <u>Family needs</u> Moderate levels of support are needed and may include the following</p>	<p style="text-align: center;"><b>GREEN 3</b> ← <u>Family needs</u> Occasional levels of intervention may be required</p>
<p>Where there is a high level of distress for family members Where there is collusion Where there is conflict about the direction of patient care Where there have been complaints about the SPCT Intervention Follow-up of staff or family post death following complex, traumatic death may need further intervention</p>	<p>Where there is a high level of distress for family members Where there is collusion Where there is conflict about the direction of patient care Where there have been complaints about the SPCT intervention Follow-up of staff or family post death following complex, traumatic death may need further intervention</p>	<p>Where families are showing signs of adjusting to the patient's diagnosis and prognosis Where families are expressing normal levels of anxiety and distress in line with the patient's disease progression Follow-up check of family/staff post death, record any adverse events needing action</p>	<p>These families may require intervention from time to time for support and reassurance <b>Community referred patients:</b> these patients may be known to the community but are stable and will need to be kept under surveillance whilst they remain an inpatient. Follow-up check of family/staff following death – no adverse events noted</p>
<p style="text-align: center;"><b>DOUBLE RED 4</b> → <u>Ethical decision-making needs</u> Where complex decisions need to be made and may include the following</p>	<p style="text-align: center;"><b>RED 4</b> → <u>Ethical decision-making needs</u> Where complex decisions need to be made and may include the following:</p>	<p style="text-align: center;"><b>AMBER 4</b> ↔ <u>Ethical decision making needs</u></p>	<p style="text-align: center;"><b>GREEN 4</b> ← <u>Ethical decision making needs</u></p>
<p>Issues related to withdrawing/ withholding fluids/diet. Issues related to capacity and decision making. Support for professionals in making ethical decisions related to patient care. Support and advice for diagnosing dying</p>	<p>Issues related to withdrawing/ withholding fluids/diet. Issues related to capacity and decision making. Support for professionals in making ethical decisions related to patient care. Support and advice for diagnosing dying</p>	<p>Reassurance for staff regarding use of the ICP for the last days of life</p>	<p>Support for staff for one off ethical decision making issues</p>