

Palliative Care Referral Criteria

General Referral Criteria

Presence of a serious illness and one or more of the following:

- New diagnosis of life-limiting illness for symptom control, patient/family support
- Declining ability to complete activities of daily living
- Weight loss
- Progressive metastatic cancer
- Admission from long-term care facility (nursing home or assisted living)
- Two or more hospitalizations for illness within three months
- Difficult-to-control physical or emotional symptoms
- Patient, family or physician uncertainty regarding prognosis
- Patient, family or physician uncertainty regarding appropriateness of treatment options
- Patient or family requests for futile care
- DNR order conflicts
- Conflicts or uncertainty regarding the use of non-oral feeding/hydration in cognitively impaired, seriously ill, or dying patients
- Limited social support in setting of a serious illness (e.g., homeless, no family or friends, chronic mental illness, overwhelmed family caregivers)
- Patient, family or physician request for information regarding hospice appropriateness
- Patient or family psychological or spiritual/existential distress

Cancer Criteria

Presence of any of the above, and/or:

- Metastatic or locally advanced cancer progressing despite systemic treatments
- Karnofsky < 50 or ECOG > 3
- Brain metastases, spinal cord compression, or neoplastic meningitis
- Malignant hypercalcemia
- Progressive pleural/peritoneal or pericardial effusions

Neurological Criteria

Presence of any of the above, and/or:

- Folstein Mini Mental score < 20
- Feeding tube is being considered for any neurological condition
- Status Epilepticus > 24 hrs
- ALS or other neuromuscular disease considering mechanical ventilation
- Any recurrent brain neoplasm
- Parkinson's disease with poor functional status or dementia
- Advanced dementia with dependence in all activities of daily living

Pulmonology Criteria

Presence of any of the above, and/or:

- Advanced COPD (GOLD stage 3–4), ILD, or pulmonary hypertension with declining functional capacity
- Lung cancer with metastatic disease or limited responsiveness to treatment
- ≥2 hospitalizations or ED visits in 6 months for respiratory exacerbations
- High-risk procedures under consideration (e.g., lung transplant, surgery in fragile patients)
- Dyspnea or anxiety not responding to standard therapies
- Recurrent pneumonias or hospitalizations with poor functional recovery
- FEV1 <30% predicted or DLCO <40% with progressive symptoms
- Resting hypoxemia or hypercapnia
- Cachexia, progressive frailty, or multi-morbidity
- Estimated prognosis <6 months