

Appendix (1) Criteria of Referral to Palliative Care V2

The criteria for patient referral to inpatient palliative-care consultation:(1-4)

- 1) Any Cancer Patient With Moderate To Severe Symptom regardless cancer stage.
- 2) Stage III Lung Or Pancreatic Cancer
- 3) Stage IV Cancer
- 4) Prior Hospitalization Within 30 Day (Excluding Routine Chemotherapy)
- 5) Hospitalization For Longer Than 7 Days;
- 6) Uncontrolled Symptoms, Including Pain, Nausea, Vomiting, Dyspnoea, Delirium, And Psychosocial Distress.
- 7) Decreased Eastern Cooperative Oncology Group (ECOG) performance status ≥ 3
- 8) The presence of one or more serious comorbid diseases that are also associated with poor prognosis.
- 9) The presence of complex care requirements (e.g. functional dependency; complex home support for antibiotics or feedings)
- 10) The presence of complex situation of relatives, e.g. small children involved, functional dependence and acute illness of primary care provider.

Identifying patients with unmet palliative-care needs who would benefit from an outpatient consultation. The criteria for referral to an outpatient consultation include: (5-7)

- a) In the context of early integration; it is always advised to refer any cancer patient from day 1 diagnosis to palliative care OPD.
- b) the presence of metastatic or locally advanced cancer;
- c) Any Cancer Patient With Moderate To Severe Symptom regardless cancer stage.
- d) Decreased Eastern Cooperative Oncology Group (ECOG) performance status.
- e) The presence of one or more serious complication of advanced-stage cancer that is associated with a prognosis of less than 12 months.
- f) The presence of one or more serious comorbid diseases that are also associated with poor prognosis.
- g) The presence of complex situation of relatives, e.g. small children involved, functional dependence and acute illness of primary care provider.
- h) Repeated ER visits

Generally palliative-care referral tailored to the local healthcare system and resource availability. (7)

References:

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