

**North Haven Hospice
Whangarei**

Phone: 09 437 3355
Fax: 09 437 6219
www.northhavenhospice.org.nz
Email:

**Hospice Kaipara
Dargaville**

Phone: 09 439 3330
Ext 6836
Fax: 09 439 3532
Email: manager.hki@extra.co.nz

**Hospice Mid-Northland
Kerikeri**

Phone: 09 407 7799
Fax: 09 407 7784
www.hospicemn.org.nz
Email: clinicalmanager@hospicemn.org.nz

**Far North Community
Hospice
Kaitaia**

Phone: 09 408 0092
Fax: 09 408 0342
Email: admin@fnpacc.org.nz

Please note: This referral cannot be actioned by our team without sufficient supporting documentation

*	Does this patient meet all the referral criteria? (see overpage for criteria) Yes / No		
	Indicate which Specific Clinical Indicator applies (e.g. CA1 - see overpage for codes):		
PE RS ON AL DE TAI LS	Patient Name:	NHI: _ _ _ _ _	
	Home Address:	Gender:	
		Home Phone:	
		Mobile:	
	DOB: _ _ / _ _ / _ _ or Age:	Email:	
	NOK/Primary Carer:	NOK Relationship to Patient:	
	NOK Address:	NOK Home Phone:	
	NOK Email:	NOK Mobile:	
DIA GN OSI S	Primary Diagnosis:	<input type="checkbox"/>	Malignant
		<input type="checkbox"/>	Non-Malignant
	Other Major Diagnosis:		
RE FE RR AL IN FO RM ATI ON	Referrer (please print):	<input type="checkbox"/> Routine	<input type="checkbox"/> Urgent
	Patient's GP:	Patient/EPOA/NOK Consent to Referral:	<input type="checkbox"/> Yes
	GP Phone:		<input type="checkbox"/> No
	Specialist's Name:		
	Services Already Involved:		
RE AS ON FO R RE FE RR AL	<input type="checkbox"/> Physical/Symptom Management (specify):		
	<input type="checkbox"/> Counselling/Social/Spiritual		
	<input type="checkbox"/> Cultural Support		
	<input type="checkbox"/> End Stage Care		

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	Other:
AL ER TS/ RIS KS	Infectious Status:
	Allergies/Adverse Reactions:
	Environmental Risks:

Date: Signature of Referrer:

.....

Time: Designation:

.....

Hospice Staff Signature : Place of work:

.....

..... Contact phone:

.....

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CRITERIA FOR ADMISSION TO OR CONTINUATION OF HOSPICE SPECIALIST PALLIATIVE CARE

THE SURPRISE QUESTION

For patients with advanced disease of progressive life limiting condition.

Would you be surprised if the patient were to die in the next few months, weeks, days?

The answer to this question should be an intuitive one, pulling together a range of clinical, co-morbidity, social and other factors that give a whole picture of deterioration.

NO

Please complete and submit the referral form.
The patient must meet **ALL** of the criteria.

YES

Specialist palliative care may not be appropriate at this time. **Please contact the hospice for further advice and guidance before submitting the referral.**

General Criteria

All referrals must meet ALL of these criteria

Must be resident within the relevant Hospice catchment area	
The patient has documented active, progressive and advanced disease , prognosis is limited despite optimal tolerated therapy, and the focus of care is quality of life.	
The patient has an extraordinary level of need (physical, psychological, spiritual) that exceeds the resources of the primary palliative care provider	
The patient agrees to referral , if competent to do so, or their EPOA or NOK.	

PLUS

Presence of Various Disease Specific

Indicators

(Please detail on referral form which indicators apply)

SPECIFIC CLINICAL INDICATORS

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HON Controlled document, REF 006 v3.1 July 2017

CANCER	HEART DISEASE	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	RENAL	LIVER DISEASE	GENERAL NEUROLOGICAL	DEMENCIA AND CVA	OTHER
<i>At least ONE of the following is present:</i>	<i>At least ONE of the following are present:</i>	<i>At least TWO of the following are present:</i>	<i>MUST Meet RE1 PLUS at least ONE of the following:</i>	<i>At least TWO of the following is present:</i>	<i>MUST MEET NE1 PLUS condition specific criteria:</i>	<i>MUST: meet DE1 PLUS have had referral to and assessment by DHB NASC Team PLUS condition specific criteria:</i>	<i>Other situations might include:</i>
CA1 Incurable metastatic disease	CD1 CHF NYHA stage 3 or 4 (SOBAR)	PU1 MRC grade 4 or 5 (SOB after 100m on level or confined to house)	RE1 Stage 4 Or 5 chronic kidney disease and condition deteriorating	LI1 Ascites despite maximum diuretics, spontaneous peritonitis	NE1 Significant progressive deterioration in physical and cognitive function (e.g. Swallowing problems leading to recurrent aspiration pneumonia, progressive dysphagia)	DE1 Significant progressive deterioration in physical and cognitive function (e.g. Barthel, ECOG, Karnofsky)	OT1 Frailty: Multiple comorbidities with no primary diagnosis plus at least 3 of: weakness slow walking speed, significant weight loss, exhaustion, low activity)
CA2 Inoperable disease	CD2 Three or more admissions to hospital within the last 12 months with symptoms of heart failure	PU2 Documented severe disease (FEV<30% predicted)	RE2 Patient wishes either not to commence HD or to stop dialysis	LI2 Jaundice; hepatorenal syndrome	NE2 Motor Neurone Disease: Low Vital capacity (<70% of predicted using standard spirometry)	DE2 CVA: Persistent vegetative state and lack of improvement for 3 months plus medical complications	OT2 Patient medically unfit for surgery for life-threatening disease

<p>PU3 Three or more admissions to hospital within the last 12 months with symptoms of COPD.</p>	<p>RE3 Symptomatic renal failure: nausea and vomiting, purities, intractable fluid</p>	<p>LI3 PTT> five seconds above control</p>	<p>NE3 Parkinson's Disease: Drug treatment less effective or increasingly complex with more 'off' periods, dyskinesia.</p>	<p>DE3 Dementia: Triggers that may indicate entering EOL: incontinence, no meaningful conversation, reduced ADLs, Barthel score<3., aspiration pneumonia, UTI, weight loss, severe pressure ulcers, reduced oral intake</p> <p>OT3 Failure to respond to Intensive Care (in ICU, CCU, SCBU, PICU) and death therefore inevitable</p>
<p>PU4 More than 6 weeks of systemic steroids for COPD in preceding 6 months</p>	<p>LI4 Encephalopathy</p>	<p>NE4 Multiple Sclerosis: Significant complex symptoms and medical complications, dysarthria.</p>		
<p>PU5 Fulfills long term oxygen therapy criteria</p>	<p>LI5 Recurrent variceal bleeding if further treatment inappropriate</p>	<p>NE5 Other progressive neurological conditions e.g. Huntingtons</p>		

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