Directions
Shade circles like this: ●
Do not shade like this: ⊗ ∅

Outpatient PCT Data Collection Tool

ID

Gender:
- ○ M
- ○ F

Ethnicity:
- ○ Black or African American
- ○ White or Caucasian
- ○ Asian or Pacific Islander
- ○ American Indian/Alaskan Native
- ○ Hispanic or Spanish
- ○ Other _____

Marital Status:
- ○ Single
- ○ Married
- ○ Divorced
- ○ Separated
- ○ Widowed

Date of Birth: (mm/dd/yyyy)

		/			/				

Pediatric Service:
- ○ Yes

County of Residence:

Date seen:

		/			/				

Patient was seen in:
- ○ Office: (Specify) _____
- ○ Home
- ○ Nursing Home/SNF
- ○ Personal Care Home
- ○ Assisted Living Facility
- ○ Other: (Specify) _____

INITIAL Reason for Consult: (Mark only one.)
- ○ Goal clarification
- ○ Pain and symptom management
- ○ Psych/spiritual support of pt/family
- ○ Caregiver Fatigue

Primary Diagnosis for Consult:
- ○ Cancer
- ○ Cardiac
- ○ AIDS
- ○ Kidney
- ○ Pulmonary
- ○ Liver
- ○ Neurologic
- ○ Noncardiac Vascular
- ○ Dementia
- ○ General Disability
- ○ Sepsis
- ○ Multi-Organ Failure
- ○ Heart Defects
- ○ Genetic Anomalies
- ○ Drug Addiction
- ○ Trauma

Did the patient have multiple chronic illnesses?
- ○ Yes ○ No
  - → **If yes,** ○ ≤ 2 ○ > 2

PPS at first contact:

			%

Would you be surprised if the patient died in the next year?
- ○ Yes ○ No

Did patient have decision making capacity at time of first visit?
- ○ Yes ○ No ○ Unable to determine

Symptoms at initial assessment: (Mark all that apply.) Note: The symptoms are determined by the **patient's self-report** or by **observation**.
- ○ Anorexia
- ○ Anxiety
- ○ Confusion related to dementia
- ○ Constipation
- ○ Cough
- ○ Delerium
- ○ Depression
- ○ Drowsiness
- ○ Dysphagia
- ○ Dyspnea
- ○ Fatigue
- ○ Insomnia
- ○ Nausea
- ○ Pain
- ○ Best sleep
- ○ Well-being
- ○ No symptoms
- ○ No symptoms due to decreased LOC

Does family/support person display signs of inappropriate coping or anticipatory grief?
- ○ Yes ○ No ○ Unable to determine

Pain Assessment Scale Used:

○ Numerical Rating Scale ○ PAINAD Scale ○ PIPS (Premature Infants) ○ NIPS (0-2 years) ○ FLACC Scale (2 months-7 years)

Pain Assessment: **Date :** ☐☐ / ☐☐ / ☐☐☐☐

On a scale of 0 to 10, where 0 equals no pain and 10 equals the worst pain you can imagine, what level is your pain right now?

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

Pain Assessment: **Date :** ☐☐ / ☐☐ / ☐☐☐☐

On a scale of 0 to 10, where 0 equals no pain and 10 equals the worst pain you can imagine, what level is your pain right now?

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

Pain Assessment: **Date :** ☐☐ / ☐☐ / ☐☐☐☐

On a scale of 0 to 10, where 0 equals no pain and 10 equals the worst pain you can imagine, what level is your pain right now?

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

DNR: Was DNR discussed during this visit?

○ Yes ○ No

DNR Card: Was DNR Card initiated by Palliative Care?

○ Yes ○ No

Living Will

○ Discussed ○ Completed

MPOA

○ Discussed ○ Completed

HCS

○ Discussed ○ Completed

POST Form

○ Discussed ○ Completed

Draft

Treatments in use and changes in Patient Care:

"In Use" should be selected regardless of when the treatment was started, either prior to or during visit. If a treatment is stopped or avoided, fill in the respective circle.

In Use Yes		Stopped	Avoided
Y	Intravenous fluids	○	○
Y	Intravenous Antibiotics	○	○
Y	TPN/PPN	○	○
Y	Gastric feedings	○	○
Y	Dialysis	○	○
Y	Diagnostic labs	○	○
Y	Diagnostic x-rays	○	○
Y	Mechanical ventilation	○	○
Y	BIPAP OR CPAP	○	○
Y	Transfusions	○	○
Y	Chemotherapy		
Y	Radiation Therapy	○	○

Interventions by PCT: (Mark all that apply.)

- ○ Education about the process of their disease, prognosis and options for care.
- ○ Conduct a patient and family care conference with appropriate members of the interdisciplinary team.
- ○ Education about benefits and burdens of specific treatments or potential interventions.
- ○ Provide information about spiritual care, social work or counseling services available.
- ○ Provide individualized education and support to families and unlicensed caregivers in a timely, culturally appropriate manner.
- ○ Provide pain and symptom management recommendations.
- ○ Education about the signs and symptoms of imminent death or dying process in a timely, culturally appropriate manner.
- ○ Hospice option for care was presented at this admission.
- ○ Hospice referral provided.

Outcomes or decisions followed by family: (Mark all that apply.)

- ○ Referral for social support
- ○ Referral for spiritual support