**Initial Pain Assessment Scale Used:**
- Numerical Rating Scale
- PAINAD Scale
- PIPS (Premature Infants)
- NIPS (0-2 years)
- FLACC Scale (2 months-7 years)
- CPOT (Intubated patients only)

**Initial Pain Assessment:**
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?

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<td>2</td>
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<td>4</td>
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<td>7</td>
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**24 hour Pain Assessment Scale Used:**
- Numerical Rating Scale
- PAINAD Scale
- PIPS (Premature Infants)
- NIPS (0-2 years)
- FLACC Scale (2 months-7 years)
- CPOT (Intubated patients only)

**Pain at 24 hours:**
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?

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<td>7</td>
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<td>10</td>
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</table>

**48 hour Pain Assessment Scale Used:**
- Numerical Rating Scale
- PAINAD Scale
- PIPS (Premature Infants)
- NIPS (0-2 years)
- FLACC Scale (2 months-7 years)
- CPOT (Intubated patients only)

**Pain at 48 hours:**
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?

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<td>7</td>
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</tbody>
</table>

**DNR:**
- Yes
- No

- If yes, was DNR initiated by Palliative Care?
  - Yes
  - No

**Living will:**
- Yes
- No

- If yes, was living will initiated by Palliative Care?
  - Yes
  - No

**MPOA:**
- Yes
- No

- If yes, was MPOA initiated by Palliative Care?
  - Yes
  - No

**Health Care Surrogate:**
- Yes
- No

- If yes, was healthcare surrogate initiated by Palliative Care?
  - Yes
  - No

**DNR Card:**
- Yes
- No

- If yes, was DNR Card initiated by Palliative Care?
  - Yes
  - No

**Legal Guardian:**
- Yes
- No

- If yes, was legal guardian initiated by Palliative Care?
  - Yes
  - No

**POST Form Completed:**
- Yes
- No

- If yes, was POST form initiated by Palliative Care?
  - Yes
  - No
Treatments in use and changes while PCT involved in care:

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

<table>
<thead>
<tr>
<th>In Use</th>
<th>Stopped</th>
<th>Avoided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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</tr>
</tbody>
</table>

- Intravenous fluids
- Intravenous Antibiotics
- Intravenous Vasopressors
- TPN/PPN
- Gastric feedings
- Dialysis
- Diagnostic labs
- Diagnostic x-rays
- Mechanical ventilation
- BIPAP OR CPAP
- Transfusions
- Chemotherapy
- Radiation Therapy
- Surgery or Invasive Procedure
- ICU Admission TO floor
- ICU Admission FROM floor

Interventions by PCT: (Mark all that apply.)

- Provide pain and symptom management recommendations.
- Hospice option for care was presented at this admission.

- 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 to assure safe and appropriate care after discharge.
- Provide pain and symptom management recommendations.
- Education about the signs and symptoms of imminent death or dying process in a timely, culturally appropriate manner.

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

- Patient and family participated in family care conference.
- Pastoral Care referral
- Involvement of own clergy for spiritual support.
### PCT Data Collection Tool - Outcomes

#### Discharge Summary:

<table>
<thead>
<tr>
<th>Date of discharge: (mm/dd/yyyy)</th>
<th>Disposition (mark only one):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ Death</td>
</tr>
<tr>
<td></td>
<td>○ Home</td>
</tr>
<tr>
<td></td>
<td>○ Home health</td>
</tr>
<tr>
<td></td>
<td>○ Hospice</td>
</tr>
<tr>
<td></td>
<td>○ Hospice House</td>
</tr>
<tr>
<td></td>
<td>○ Hospice Inpatient</td>
</tr>
<tr>
<td></td>
<td>○ Hospital (Transfer)</td>
</tr>
<tr>
<td></td>
<td>○ LTAC</td>
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<td></td>
<td>○ NH/SNF</td>
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<tr>
<td></td>
<td>○ Other</td>
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</tbody>
</table>

#### Place of Death (if still followed by palliative care):

<table>
<thead>
<tr>
<th>Date of death: (mm/dd/yyyy)</th>
<th>Place of Death (if still followed by palliative care):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ Hospital (Acute)</td>
</tr>
<tr>
<td></td>
<td>○ Home</td>
</tr>
<tr>
<td></td>
<td>○ Home Health</td>
</tr>
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<td></td>
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<td>○ Hospital (ICU)</td>
</tr>
<tr>
<td></td>
<td>○ Other</td>
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</tbody>
</table>

### Disposition Options:

- Death
- Home
- Home health
- Hospice
- Hospice House
- Hospice Inpatient
- Hospital (Transfer)
- LTAC
- NH/SNF
- Other

### Place of Death Options:

- Hospital (Acute)
- Home
- Home Health
- Hospice
- Hospice House
- Hospice Inpatient
- Hospital (ICU)
- Other

### Date of Discharge:

[ ] / [ ] / [ ]

### Date of Death:

[ ] / [ ] / [ ]