

**Directions**

Shade circles like this: ●

Do not shade like this: ⊗ ○**PCT Data Collection Tool****ID****Date of Birth: (mm/dd/yyyy)** /  / **County of Residence:****Gender:** M F**Ethnicity:** Black or African American White or Caucasian**Pediatric Service:**  Asian or Pacific Islander American Indian/Alaskan Native Hispanic or Spanish Other \_\_\_\_\_**Marital Status:** Single Married Divorced Separated Widowed**Date of Admission:** /  / **Patient was admitted to:** Hospital Nursing Home/SNF ICU/Stepdown SNU ED**Consult Location:** Hospital Floor Bed ED ICU/Stepdown Nursing Home/SNF SNU OB/L&D NICU PICU Peds Floor**Date of Referral:** /  / **INITIAL Reason for Consult (mark only one):** Goal clarification Pain and symptom management Psych/spiritual support of pt/family Disposition**Primary Diagnosis:** Cancer Sepsis Cardiac Multi-organ Failure AIDS Premature Birth Kidney Heart Defects Pulmonary Genetic Anomalies Liver Neural Tube Defects Neurologic Drug Addiction Noncardiac Vascular Inter-Uterine Fetal Demise Dementia Trauma General disability Pre-Term Labor**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**Does family/support person display signs of inappropriate coping or anticipatory grief?** 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 Dyspnea Anxiety Fatigue Confusion related to dementia Insomnia Constipation Nausea Cough Pain Delirium Best sleep Depression Well-being Drowsiness No symptoms Dysphagia No symptoms due to decreased LOC

**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?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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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?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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**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?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 

**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    Parent of a Minor

↳ 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.

<u>In Use</u>	<u>Stopped</u>	<u>Avoided</u>
<input checked="" type="radio"/> <b>Yes</b>		
<input checked="" type="radio"/> Intravenous fluids	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> Intravenous Antibiotics	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> Intravenous Vasopressors	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> TPN/PPN	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> Gastric feedings	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> Dialysis	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> Diagnostic labs	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> Diagnostic x-rays	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> Mechanical ventilation	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> BIPAP OR CPAP	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> Transfusions	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> Chemotherapy	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> Radiation Therapy	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> Surgery or Invasive Procedure	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> ICU Admission TO floor	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> ICU Admission FROM floor	<input type="radio"/>	<input type="radio"/>

### 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 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.
- Hospice option for care was presented at this admission.

### 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:

Date of discharge: (mm/dd/yyyy)

		/			/				
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Disposition (mark only one):

- |   |   |
|---|---|
| <input type="radio"/> Death               | <input type="radio"/> NH/SNF with hospice             |
| <input type="radio"/> Home                | <input type="radio"/> Acute Rehabilitation            |
| <input type="radio"/> Home health         | <input type="radio"/> PCU                             |
| <input type="radio"/> Hospice             | <input type="radio"/> Personal care home              |
| <input type="radio"/> Hospice House       | <input type="radio"/> SNU (Hospital)                  |
| <input type="radio"/> Hospice Inpatient   | <input type="radio"/> Outpatient Palliative Care Team |
| <input type="radio"/> Hospital (Transfer) | <input type="radio"/> Team services no longer needed  |
| <input type="radio"/> LTAC                | <input type="radio"/> Other _____                     |
| <input type="radio"/> NH/SNF              |   |

Date of death: (mm/dd/yyyy)

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

- |   |  |
|---|--|
| <input type="radio"/> Hospital (Acute)  | <input type="radio"/> Acute Rehabilitation |
| <input type="radio"/> Home              | <input type="radio"/> NH/SNF               |
| <input type="radio"/> Home Health       | <input type="radio"/> NH/SNF with Hospice  |
| <input type="radio"/> Hospice           | <input type="radio"/> Personal Care Home   |
| <input type="radio"/> Hospice House     | <input type="radio"/> PCU                  |
| <input type="radio"/> Hospice Inpatient | <input type="radio"/> SNU (Hospital)       |
| <input type="radio"/> Hospital (ICU)    | <input type="radio"/> Other _____          |

