What is it?
Palliative care is a medical specialty backed by an interdisciplinary team that supports the attending physician’s care of patients with serious and life-threatening illnesses.

• Palliative care treats complex pain and other symptoms, handles intensive patient/family communication and assists with clarification regarding goals of care.
• Palliative care supports the attending physician’s plan of care by making the patient as comfortable as possible at all stages of illness, simultaneously with curative care or any other medical treatment.
• Palliative care is evidence-based medical treatment that has been shown to significantly lower pain and discomfort, improve patient outcomes and boost patient and family satisfaction, while freeing the attending physician from time-consuming coordination and support.

What is it not?
Palliative care is NOT in place of curative care.

• Patients benefit from palliative care before, during and after beneficial, curative or life-prolonging care.
• Palliative care is NOT the same as hospice. Palliative care is offered at any stage of any illness, while hospice care is appropriate for people with terminal illnesses, at the last stages of life and a prognosis of six months or less and for whom curative or life-prolonging therapies are not effective.

How does it help attending physicians?
Physicians with seriously ill patients who require complex pain and symptom management or have a high demand for patient/family communication can refer to palliative care specialists. Palliative care programs offer attending physicians:

• **Time** - by helping with care coordination and time-intensive patient/family communication about the goals of care and treatment options.
• **Expertise** - in pain and symptom management, particularly for complicated cases where relief of symptoms is hard to achieve.
• **Support** - for the physician’s plan of care, by helping coordinate the treating physician’s orders, including safe and effective discharge planning.
• **Satisfied patients** - because patients who receive palliative care as part of their overall medical treatment have a high level of satisfaction with their physicians, healthcare team and hospital.
• **Quality Outcomes** - Palliative care is evidence-based medical treatment and has been shown to significantly lower pain and discomfort as well as improving patient outcomes.
• **Reports** - The physician has the ability to compare his group of patients against the benchmarks set by palliative care for length of hospital stay, re-hospitalizations and satisfaction.

*Why should physicians refer to palliative care?*
Please consider the following criteria when determining the palliative care needs of your patient:

- **Primary disease process**
  - a. Cancer (metastatic/recurrent)
  - b. Advanced lung disease
  - c. Advanced cardiac disease
  - d. End-stage renal disease
  - e. Ventilator dependent
  - f. Stroke (with decreased function by at least 50%) life-limiting
  - g. Catastrophic illness/injury
  - h. Other life-limiting disease

- **Concomitant disease processes**
  - a. Liver disease
  - b. Diabetes
  - c. Moderate renal disease
  - d. Moderate lung disease
  - e. Moderate cardiac disease
  - f. Other condition complicating care

- **Other criteria to consider**
  - a. Team/patient/family needs help with complex decision-making and determination of goals of care
  - b. Patient has unresolved level of pain or other symptoms of distress for more than 24 hours
  - c. Patient has unmet psychosocial, cultural or spiritual issues
  - d. Patient has frequent visits to the Emergency Department (more than once a month for the same diagnosis)
  - e. Patient has more than one hospital admission for the same diagnosis within 30 days
  - f. Patient has prolonged length of stay (more than five days) without evidence of progress
  - g. Patient has prolonged stay in ICU and/or transferred from one ICU to another ICU setting without evidence of progress
  - h. Patient is in ICU setting with documented poor prognosis

Please call consult to: PALLIATIVE CARE CONSULTANTS
704-375-0100 (Available 24 hours / 7 days week)

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Carolina's HealthCare System (CHS) and Hospice & Palliative Care Charlotte Region (HPCCR), a provider of hospice and palliative services to individuals and families in their homes and residential facilities in the Charlotte region, work together to bring palliative care to all patients served by CHS. HPCCR's program, Palliative Care Consultants (PCC), is a team of physicians, nurse practitioners, nurses, social workers and chaplains/grief counselors.