



All Sites and Facilities

Palliative Care Program Registration Form

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Patient's name: _____
Address: _____
Postal code: _____
Phone number: _____
DOB: _____ PHN: _____
(or addressograph or stamp)

Fax to Regional Palliative Care Consultation Team 250-565-5596

Family physician: _____ Phone number: _____

Other prescriber(s): _____ Phone number: _____

(Please print clearly)

Diagnosis (primary): _____

Diagnosis (secondary): _____

PPS % _____
(Palliative performance scale
(PPS) on reverse)

- Rapid decline
- Slow decline
- Unknown

Allergies:

In order to identify individuals that require palliative care services, a prescriber must **confirm** the palliative care status of the person.

The above individual is:

1. Living with a life limiting progressive illness with a life expectancy of less than 6 months.
2. The individual/designated decision maker is aware and has agreed to accept palliative care.

Are you the attending prescriber who will provide palliative care up to and including death? Yes No

If no, please identify the most responsible prescriber for this individual's case (print clearly): _____

Prescriber's signature: _____ Date: _____

I have initiated these services. (Checking these boxes does not initiate services; it is for registry information only.)

- BC Palliative Care Benefits form has been completed and submitted
- "No CPR" form has been completed
- Hospice palliative volunteer services requested by patient/family
- Home nursing care referral has been initiated using HCC Referral Form

If you are requiring a formal palliative care consultation please fill out the consultation request form and fax it to the number above.



Patient's name: _____
 Address: _____
 _____ Postal code: _____
 Phone number: _____
 DOB: _____ PHN: _____
 (or addressograph or stamp)

Palliative performance scale (PPSv2) version 2

| PPS level | Ambulation | Activity and evidence of disease | Self-care | Intake | Conscious level |
|-----------|-------------------|--|--------------------------------------|-------------------|---------------------------------|
| 100% | Full | Normal activity and work No evidence of disease | Full | Normal | Full |
| 90% | Full | Normal activity and work Some evidence of disease | Full | Normal | Full |
| 80% | Full | Normal activity <i>with</i> effort Some evidence of disease | Full | Normal or reduced | Full |
| 70% | Reduced | Unable normal job/work Significant disease | Full | Normal or reduced | Full |
| 60% | Reduced | Unable hobby/housework Significant disease | Occasional assistance necessary | Normal or reduced | Full or confusion |
| 50% | Mainly sit/lie | Unable to do any work Extensive disease | Considerable assistance necessary | Normal or reduced | Full or confusion |
| 40% | Mainly in bed | Unable to do most activity Extensive disease | Mainly assistance | Normal or reduced | Full or confusion |
| 30% | Totally bed bound | Unable to do any activity Extensive disease | Total care | Normal or reduced | Full or drowsy +/- confusion |
| 20% | Totally bed bound | Unable to do any activity Extensive disease | Total care | Minimal to sips | Full or drowsy +/- confusion |
| 10% | Totally bed bound | Unable to do any activity Extensive disease | Total care | Mouth care only | Drowsy or coma +/- confusion |
| 0% | Death | -- | -- | -- | -- |

Instructions for use of PPS

1. PPS scores are determined by reading horizontally at each level to find a "best fit" for the patient which is then assigned as the PPS% score.
2. Begin at the left column and read downwards until the appropriate ambulation level is reached, then read across to the next column and downwards again until the activity/evidence of disease is located. These steps are repeated until all five columns are covered before assigning the actual PPS for that patient. In this way, "leftward" columns (columns to the left of any specific column) are 'stronger' determinants and generally take precedence over others
3. PPS scores are in 10% increments only. Sometimes, there are several columns easily placed at one level but one or two which seem better at a higher or lower level. One then needs to make a "best fit" decision. Choosing a 'half-fit' value of PPS 45%, for example, is not correct. The combination of clinical judgment and 'leftward precedence' is used to determine whether 40% or 50% is the more accurate score for that patient.
4. PPS may be used for several purposes. First, it is an excellent communication tool for quickly describing a patient's current functional level. Second, it may have value in criteria for workload assessment or other measurements and comparisons. Finally, it appears to have prognostic value.

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