Palliative Care Program
Request for Consultation

Request for consultation may be made by any member of the primary health care team. The patient must be registered with the Northern Health Palliative Care Program prior to consultation. Consultation requests for patients not registered will be prioritized with other requests, as resources allow.

Contact the appropriate HSDA:
• Northeast Palliative Care Nurse Consultant at 250-795-6134
• Northern Interior Palliative Care Nurse Consultant at 250-565-7318
• Northwest Palliative Care Nurse Consultant at 250-631-4191
   (Nurse Consultants work Monday to Friday 8AM to 4PM)

Fax completed form to 250-565-5596

Type of consultation required:  □ Nurse consultation  □ Team consultation
□ Physician consultation  □ Regional Pharmacist consultation

Family physician: ___________________________ Phone number: ___________________________
Other physician(s): ___________________________ Phone number: ___________________________
☐ Family physician aware of request for consultation  Notified by: ___________________________

Diagnosis (primary): ___________________________

Diagnosis (secondary): ___________________________

Patient's current location: ___________________________

PPS %: ___________________________
(Palliative Performance Scale (PPS) on reverse)

□ Stable  □ Slow decline
□ Rapid decline  □ Unknown

Allergies:

Referral detail:

Referred by: ___________________________ Date: ___________________________
Contact number: ___________________________

History - Please attach most recent history, consults, lab work and medication administration record (MAR):

Reason for consult - Please describe current medical situation and patient medical background history:
### Palliative Performance Scale (PPSv2) Version 2

<table>
<thead>
<tr>
<th>PPS level</th>
<th>Ambulation</th>
<th>Activity &amp; evidence of disease</th>
<th>Self-care</th>
<th>Intake</th>
<th>Conscious level</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>Full</td>
<td>Normal activity &amp; work</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td>90%</td>
<td>Full</td>
<td>Normal activity &amp; work</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td>80%</td>
<td>Full</td>
<td>Normal activity with effort</td>
<td>Full</td>
<td>Normal or reduced</td>
<td>Full</td>
</tr>
<tr>
<td>70%</td>
<td>Reduced</td>
<td>Unable normal job/work</td>
<td>Occasional assistance necessary</td>
<td>Normal or reduced</td>
<td>Full or confusion</td>
</tr>
<tr>
<td>60%</td>
<td>Reduced</td>
<td>Unable to do any work</td>
<td>Considerable assistance necessary</td>
<td>Normal or reduced</td>
<td>Full or confusion</td>
</tr>
<tr>
<td>50%</td>
<td>Mainly sit/lie</td>
<td>Unable to do most activity</td>
<td>Mainly assistance</td>
<td>Normal or reduced</td>
<td>Full or confusion</td>
</tr>
<tr>
<td>40%</td>
<td>Mainly in bed</td>
<td>Unable to do any activity</td>
<td>Total care</td>
<td>Normal or reduced</td>
<td>Full or drowsy +/- confusion</td>
</tr>
<tr>
<td>30%</td>
<td>Totally bed bound</td>
<td>Unable to do any activity</td>
<td>Total care</td>
<td>Minimal to sips</td>
<td>Full or drowsy +/- confusion</td>
</tr>
<tr>
<td>20%</td>
<td>Totally bed bound</td>
<td>Unable to do any activity</td>
<td>Total care</td>
<td>Mouth care only</td>
<td>Drowsy or coma +/- confusion</td>
</tr>
<tr>
<td>10%</td>
<td>Totally bed bound</td>
<td>Unable to do any activity</td>
<td>Total care</td>
<td>Mouth care only</td>
<td>Drowsy or coma +/- confusion</td>
</tr>
<tr>
<td>0%</td>
<td>Death</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

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Outcome faxed back to referral source by: ____________________________ Date: ___________