**Palliative Care Guideline**
This guideline is designed to assist healthcare practitioners treating patients with chronic, serious, or advanced illness in delivering primary palliative services.

**What is Palliative Care?**
**Definition:** Palliative Care is patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs (referred to as “total pain”), facilitating patient autonomy, access to information, and choice.

Palliative care focuses on defining goals of care and managing symptoms in tandem with curative therapies.

**Why Palliative Care?**
- Palliative care improves quality of life and reduces unwanted treatment and repeat hospitalizations.
- For many common end-stage diseases, patients receiving hospice/palliative care live longer.
- Early involvement of palliative care improves family coping and adjustment after death.
- Hospice care is palliative care in the final months of life.

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**Traditional Care Model**
This diagram illustrates the traditional care model for serious illness: life-prolonging or cure-directed therapy is pursued right up to the terminal stage, at which point there is an abrupt shift to comfort care.

**Integrated Palliative Care Model**
Palliative care occurs at the same time as curative care. Palliative components should be integrated into the chronic illness care plan throughout the course of illness alongside life-extending treatment. This integration does not require specialty palliative care services. Attention to advance care planning; symptom management; the patient’s goals; and the emotional, social, relational, and spiritual aspects of illness should be a routine part of care. Care plans should be discussed and adjusted as the patient’s condition and goals change as suggested by the “steps” in the diagram. For patients who choose hospice, the entire focus is palliative.

**Trajectories of Illness**

Three possible trajectories of decline at the end of life:
- Cancer
- Organ failure
- Physical and cognitive frailty

**Prognosis of death is challenging, especially for frailty and organ failure.**

**With most cancers,** patients can maintain fairly high levels of function through supportive therapies. As the disease progresses or does not respond to treatment, decline can be fairly swift. Palliative care conversations should occur at time of diagnosis, disease progression, or recurrence.

**In organ failure** (e.g. heart, lung, kidney, etc.), the pattern involves periods of slowly declining function, punctuated by sudden worsening of the disease, crisis, or hospitalization. Sometimes these exacerbations are followed by a degree of “recovery” but any one can result in death. Even with “recovery,” the patient’s function is likely to decline. Frequent review of care options and palliative consultation can ensure clarity of treatment goals and comfort.

**Frailty and dementia** pose special challenges, as decline can be slow, subtle, and lengthy. At diagnosis or at clear onset of dementia, advance care planning, and palliative consultation can put in place necessary surrogate decision makers and clear instructions for future treatments.

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**What is Hospice?**
- A specialty level of palliative care provided to a person and their family when life expectancy is six months or less.
- Prognosis can be challenging and many patients are referred to hospice very late or not at all.
- For patients and families to get the most benefit from hospice services, consider referral when you think the patient could die within the next year.

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*World Health Organization.

This guideline is designed to assist any provider treating patients with serious or advanced illness. It is not intended to replace a clinician’s judgment or establish a protocol for all patients. The Palliative Care Guideline tools, references, and additional copies of the guideline are available at www.healthteamworks.org or call (303) 446-7200. This guideline was supported through funds from The Colorado Health Foundation. Approved on 6/28/2011.
**Ask / Assess / Advise**

**Trigger Questions**
*To be revisited throughout illness trajectory.*

**Next Steps**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Pre-Disease</th>
<th>Onset of Disease</th>
<th>Disease Management</th>
<th>Advanced Disease</th>
<th>End-Stage of Disease</th>
<th>Bereavement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Review Directives.</td>
<td>- Include family.</td>
<td>- Review goals/treatment plan.</td>
<td>- Assess total pain.</td>
<td>- Consider specialty palliative care and/or Hospice consult.</td>
<td>- Assess for depression and refer as appropriate.</td>
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</tbody>
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**Pre-Disease**
- Complete Medical Durable Power of Attorney (MDPOA).

**Onset of Disease**
- Suggest family conference to discuss goals.
- Initiate treatment plan.

**Disease Management**
- Repeat family conference.
- Update Advance Directives, consider Medical Orders for Scope of Treatment (MOST).
- Address physical, psycho-social, spiritual and relational issues (total pain).
- Update treatment plan.
- Connect to additional services to meet needs.

**Advanced Disease**
- Review steps above.
- Provide aggressive comprehensive symptom management.
- Address total pain.
- Connect caregivers with support services.
- Convene family conference if needed.
- Review and update Advance Directives.
- Complete or update MOST.

**End-Stage of Disease**
- Review and update MOST and Advance Directives.
- Maintain comprehensive system management.
- Assist patient with anticipatory grief and loss.

**Bereavement**
- Monitor for complicated grief and/or refer for counseling and treatment as appropriate.
- Address depression when you see it.

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**Resources**
See HealthTeamWorks’ Palliative Care webpage: [http://www.healthteamworks.org/guidelines/palliative-care.html](http://www.healthteamworks.org/guidelines/palliative-care.html)

**Definitions**
- **Family**: should be understood as including loved ones, neighbors, co-workers, formal/informal caregivers who may not be relatives, etc.

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‡See HealthTeamWorks’ Depression in Adults: Diagnosis and Treatment Guideline. This guideline is designed to assist healthcare practitioners treating patients with chronic, serious, or advanced illness in delivering primary palliative care services. It is not intended to replace a clinician’s judgment or establish a protocol for all patients. The Palliative Care Guideline tools, references, and additional copies of the guideline are available at [www.healthteamworks.org](http://www.healthteamworks.org) or call (303) 446-7200. This guideline was supported through funds from The Colorado Health Foundation.