

GERI- PALL CONSULT REMINDERS

1. Important pieces of information to be gleaned from H&P/Chart review:

- a. ADL and I-ADL status
- b. Social situation- who is the patient living with, how many children/wives does the patient have and how much is each family member involved in patient care and decision making
- c. know about Advance Directives and Code Status
- d. Assessment of pain: levels of pain/PAINAD score, magnitude of relief with current pain medications.
- e. list of all pain medications (opioids, NSAIDs, Acetaminophen, Gabapentin, Pregabalin etc) with currently prescribed doses, amount of meds taken in last 24hrs.
- f. Assess for poly pharmacy and medications that can cause delirium.
- g. last bowel movement, evidence of constipation, laxatives prescribed, quantity taken in last 24 hours and their efficiency.
- h. ask if patient has nausea, vomiting, assess for excessive secretions/ 'death rattle'.
- i. Know how to calculate GDS and MMSE for all patients. Have patients do CLOX if MMSE is impaired.
- j. Rehabilitation potential, intensity and type of rehab - assess if the decline/deconditioning was acute or gradual.

2. Points to think about during discussions with patient/family

- a. Refer to Hospice eligibility card to assess for hospice eligibility. Remember that end stage liver disease, COPD, CHF patients can have a very unpredictable course (i.e exacerbation of disease which may resolve or lead to sudden death)
- b. introduce the concept of Palliative Care services/Hospice Care philosophy, as appropriate.
- c. Advance Care Planning, Code Status and a discussion about them.
- d. Know the basics of available resources that elders can tap into to fund their care.
- e. education about changes during the last 24hr of death, as needed
- f. ask if patient would like to have a chaplain and Social Work visit.
- g. have tissue paper available during family meetings