

Palliative Care Guide

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CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

Information contained in the Care Guide is not a substitute for a health care professional's clinical judgment. Evaluation and treatment should be tailored to the individual patient and the circumstances. Furthermore, using this information will not guarantee a specific outcome for each patient.

SUMMARY

GOALS

- ✓ Identify patients in early stages of a progressive disease
- ✓ Timely identification and documentation of goals of care
- ✓ Reduce performing unnecessary invasive interventions
- ✓ Identify/refer patients who would benefit from Hospice
- ✓ Document Advance Directive (AD) CDCR 7421, and Physician Orders for Life-Sustaining Treatment (POLST) CDCR 7465
- ✓ Consider Compassionate Release or Expanded Medical Parole
- ✓ Optimize pain relief and quality of life

ALERTS

Early identification of patients nearing the end of life is subjective and challenging.

Common Indicators:

- Frequent hospitalizations/interventions
- End stage progressive illness or cancer diagnosis
- Cognitive decline, dementia
- Progressive weight loss and/or frailty
- Frequent or high risk for falls
- Polypharmacy

DIAGNOSTIC CRITERIA

Palliative care is an approach that focuses on improving the quality of life for patients facing chronic debilitating and life-limiting illness. Early identification is a key first step in engaging the eligible patient to consider this approach to care.

- Factors that may suggest eligibility include various clinical manifestations, lab parameters, service utilization, and/or declining functional performance ([page 3](#)).
- The CCHCS Medical Classification System may assist with identifying patients at highest risk for life limiting conditions and patients who are HIGH RISK (especially High Risk 1) are most likely appropriate for palliative care.

EVALUATION

Comprehensive assessment and development of an individualized plan of care both guide the prevention and relief of suffering and reduce unnecessary and/or unwanted interventions. Assessment considers needs in each of these domains:

- Ethical and legal
 - Social
 - Psychological
 - Spiritual and religious
 - Cultural
 - Physical
- A key characteristic of palliative care is the interdisciplinary and collaborative process for treatment planning that involves providers, nurses, chaplains, social workers, mental health providers, pharmacists, dietitians, etc.
 - When feasible, and in accord with the patient's wishes, involvement of family members in family conferences and/or care coordination can also be included.
 - Considerations for referral to hospice ([page 18](#)) and/or referral for consideration of compassionate release or expanded medical parole ([pages 15-17](#)) may be appropriate for many patients.
 - If a patient lacks decision-making capacity, initiating the conservatorship process (PC 2604) ([page 5](#)) and/or a referral to the CCHCS Ethics Committee ([page 8](#)) may be appropriate.

TREATMENT

Palliative care/treatment covers a broad range of strategies that focus on comfort and quality rather than duration of life.

- Identifying the patient's end-of-life wishes is the primary objective of the Goals of Care Conversation (GoCC) ([page 5](#)).
- Treatment approaches should align with the patient's goals and wishes and thus may vary accordingly.
- It is important to anticipate the patient's needs as their condition progresses and to frequently revisit their goals of care.
- Specific recommendations for optimizing the patient's care/comfort in the 6 domains listed above should be considered ([pages 8-9](#)). Managing physical symptoms can often be complex, but very rewarding ([pages 10-13](#)).

MONITORING

- To assure smooth care transitions across settings or providers, communication with the entire care team should be anticipated, planned, and coordinated whenever the patient changes housing, level of care, or institution.
- Ideally, interdisciplinary care coordination occurs throughout the course of a patient's condition.
- It is important that care teams create an environment of resilience, self-care, and mutual support to alleviate the stress of caring for patients with serious illness nearing the end of life.