



## Sample Palliative Care Consultation/Evaluation Template

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*Using a template facilitates comprehensive documentation that captures the complexity of palliative care evaluation and demonstrates the high level of assessment that an APRN performs during an initial evaluation. The following template offers important areas to highlight and document the comprehensive and complex services that the hospice and palliative APRN provides.*

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Name of Patient:

Medical Record Number:

Date of Birth:

Date of Admission into Hospital/Hospice/Home Health/Skilled Facility:

Admitting Physician:

Attending Clinician:

Referring Clinician:

Reason for Consultation:

Date of Evaluation/Consultation/Visit:

Palliative APRN Consultant:

### **HISTORY (ELEMENTS)**

Subjective/Chief Complaint

Reason for Admission/History of Present Illness

State who provided history or where history obtained

### **Symptom Review**

Location:

Quality:

Severity:

Duration:

Timing:

Context:

Modifying or Exacerbating Factors:

Associated Signs and Symptoms:

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## PAST MEDICAL HISTORY

### FAMILY MEDICAL HISTORY

Diseases, conditions, illnesses by specific blood relatives:

Specific to patient condition:

### SOCIAL HISTORY

Marital status:

House location and dwelling:

Family composition:

Employment status:

Insurance status:

Education:

#### Social Coping

Patient coping:

Support system:

Family support:

Family coping:

Hobbies/joys:

### HABITS

Tobacco use:                    Yes | No | None – distant history and when d/c'd:

Alcohol use:                    Yes | No | None – distant history and when d/c'd:

Recreational drug use:      Yes | No | None – distant history and when d/c'd:

Illicit Medication use:        Yes | No | None – distant history and when d/c'd:

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## PALLIATIVE CARE PAIN AND SYMPTOM REVIEW

### Pain or Symptom History:

### Pain or Symptom Description:

Pain or symptom intensity (0-10):

Interference with daily life (0-10):

Worst it's been in last two weeks (0-10):

Best in the last two weeks (0-10):

Medications used and success or failure of them:

## PALLIATIVE REVIEW OF SYSTEMS (circle or underline symptoms that are present)

**Constitutional:** Denies | Anorexia | Drowsiness | Fatigue | Fever | Weight Loss

**Eyes:** Denies | Dry eyes | Excessive tearing

**Ears, Nose, Mouth, Throat:** Denies | Secretions | Xerostomia

**Cardiovascular:** Denies | Chest pain | LE swelling

**Respiratory:** Denies | Dyspnea | Cough

**Gastrointestinal:** Denies | Nausea | Vomiting | Abdominal pain | Constipation | Diarrhea

**Genitourinary:** Denies | Urinary retention | Urinary incontinence

**Musculoskeletal:** Denies | Bone pain | Joint pain | Muscle pain

**Skin:** Denies | Pruritus | Decubitus ulcers | Dry skin | Rash

**Neurological:** Denies | Delirium | Agitation | Sedation

**Psychiatric:** Denies | Anxiety | Depressed mood | Hallucinations

**Endocrine:** Denies | Steroid side effects | Cold/heat intolerance

**Allergic/Immunologic:** Denies | Immunosuppression | Neutropenia

**Hematological/Lymphatic:** Denies | Bruising | Bleeding | Lymphedema | Lymphadenopathy

All other systems reviewed and are negative.

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**PALLIATIVE REVIEW OF ADVANCED DIRECTIVES**

Surrogate Decision-Maker:

Location of Surrogate Decision-Maker Document:

Durable Power of Attorney:

Advanced Directives/Living Wills:

Location of Advanced Directives/Living Wills:

Attitude towards place of death: home | other:

Funeral arrangements/wishes:

**INFORMATION SHARING**

Patient's awareness of illness:

Serious

Not life-threatening

Terminal

Not serious

Life-threatening

Not discussed

Information preferences:

Unsure

Fully involved

Speak/Defer to family

Leave to Healthcare team (MD/APRN)

Family awareness of illness:

Serious

Not life-threatening

Terminal

Not serious

Life-threatening

Not discussed

**RESUSCITATION STATUS**

No chest compressions

No defibrillation or electrocardioversion

No endotracheal intubation

No mechanical ventilation

No non-invasive ventilatory support (BiPAP, CPAP)

No vasopressors

No antiarrhythmics

No artificial nutrition/hydration

No antibiotics

No blood draws

No re-hospitalization

This template is a supplement the resources book, *A Primer for Billing, Reimbursement, and Coding - An Essential Resource for Hospice and Palliative APRNs*, and can be freely copied.

Dahlin C; Hospice and Palliative Nurses Association. *A Primer for Billing, Reimbursement, and Coding - An Essential Resource for Hospice and Palliative APRNs*. Pittsburgh, PA: Hospice and Palliative Nurses Association; 2015.

**OUT OF HOSPITAL MEDICAL ORDERS IN PLACE TO REFLECT RESUSCITATION STATUS:** Yes | No

(These are often known as Physician/Provider Orders for Life-Sustaining Treatment [POLST]; Medical Orders for Life-Sustaining Treatment [MOLST]; or Out of Hospital Code Status or Comfort Care Orders)

**SPIRITUAL HISTORY**

- Religious/Spiritual Orientation:
- Involvement in Spiritual Community:
- Use of Spiritual Leader:
- Wish/Need for further chaplaincy support:

**OBJECTIVE/PHYSICAL EXAM**

- Vital signs: T HR RR BP O<sub>2</sub>Sat
- General appearance: Development, nutrition, body habitus, attention to grooming, deformities
- Eyes: PERRLA, EOMI, vision intact, sclera clear
- Ears, Nose, Mouth, Throat: Hearing; Examination of mucosa, teeth, and gums; moistness; color; Appearance of thrush; Neck appearance, glands, and masses; Thyroid examination
- Cardiovascular: RRR | S<sub>1</sub>S<sub>2</sub> | Presence of murmurs | Rubs | Pulses | Pedal edema
- Respiratory: Breath sounds | Audible throughout | Respiratory effect
- Gastrointestinal: Bowel sounds present | Soft, non-tender | No HSM | No rebound  
Presence of ostomy or tubes | Presence of hernia | Rectal exam as appropriate
- Genitourinary: Inspection of external genitalia with no abnormalities noted  
Presence of nephrostomy tubes
- Heme/Lymphatics: Neck | Axillae | Groin | Bruising
- Musculoskeletal: Gait intact | Joint deformities | Strength grossly intact | No pain on palpation
- Skin: Rashes | Sores | Bruises
- Neurologic: CN II-XII grossly intact | Strength and reflexes symmetrical
- Psychiatric: Orientation to person, place, and time; Memory, mood, and affect

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**LABORATORY AND RADIOLOGY:** *State which laboratory tests and radiological examinations were reviewed and any pertinent findings.*

**IMPRESSION:** Age and gender of patient, pertinent symptoms with differential diagnosis.

**RECOMMENDATIONS/PLAN:** *Separate out by symptom to demonstrate the complexity of decision-making and management. Include Advance Care Planning, Goals of Care, and Discharge Planning as separate recommendations.*

Thank you for consulting us on this interesting patient. We will continue to follow with you.

Please call us with any questions at Quality Palliative Care, Telephone #: xxx-xxx-xxxx.

Start time:                      Finish time:                      Total time:  
 Time spent counseling:                      Counseling topics:  
 APRN Signature with credentials:  
 Printed name:                      Pager number:

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**KEY**

APRN – advanced practice registered nurse	d/c'd – discharged or discontinued	O <sub>2</sub> Sat – oxygen saturation
BiPAP – bilevel positive airway pressure	EOMI – extraocular movements intact	PERRLA – pupils equal, round, reactive to light and accommodation
BP – blood pressure	HR – heart rate	RR – respiratory rate
CN – cranial nerves	HSM – hepatosplenomegaly	RRR – regular rate and rhythm
CPAP – continuous positive airway pressure	LE – lower extremity	S <sub>1</sub> S <sub>2</sub> – 1st & 2nd heart sounds
	MD – Doctor of Medicine	T – temperature

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