

Who benefits most from palliative care?

Advanced Cancer

Stage III or IV

Example: Declining functional status- unable to work, needing assistance with ADLs. Failed two lines of treatment.

Renal Disease

Late-stage CKD or ESRD

Example: ESRD w/ discontinued or declined dialysis. Patient not a candidate or does not desire organ transplant.

Congestive Heart Failure (CHF)

Hospitalized w/ primary Dx of CHF or NYHA classification III or higher

Example: Declining functional status- unable to work, needing assistance with ADLs. Short of breath with minimal exertion or at rest.

Progressive Degenerative Neurological Disorder

Including MS, MD, Parkinson's, ALS, Late-stage dementia, CVA with sequelae

Example: Declining functional status- unable to work, needing assistance with ADLs.

COPD

FEV1 <35% or O2 demand of 3lpm

Example: Declining functional status- unable to work, needing assistance with ADLs. Debilitating dyspnea, frequent COPD exacerbations.

AIDS/HIV+

CD4 count <200

Example: Declining functional status- unable to work, needing assistance with ADLs. Presence of CNS lymphoma, Kaposi's sarcoma, Mycobacterium Avium Complex infection, or progressive wasting syndrome.

Advanced Liver Disease

Elevated INR, Low Albumin, and/or MELD score > 19

Example: Declining functional status- unable to work, needing assistance with ADLs. Patients with ascites, hepatic encephalopathy, hepatorenal syndrome, or esophageal varices.

Other conditions

Considered on case-by-case basis

Example: Serious medical illness with life expectancy of one year or less. Patient has received maximal desired treatment or treatment is no longer effective.

It's easy to get started:

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