

**TRAUMA/SURGICAL CRITICAL CARE
DEPARTMENTAL GUIDELINES AND
PROCEDURES**

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TITLE: BEN TAUB TRAUMA SURGICAL INTENSIVE CARE UNIT (TSICU)
PALLIATIVE CARE CONSULT GUIDELINE

PURPOSE: To provide guidelines for the consultation of the palliative care (PC) services at Hospital to assist in the care of refractory symptoms and/or allow for more efficient planning and disposition for critically ill patients in the TSICU.

GUIDELINE/PROCEDURES STATEMENT:

The GOALS of Palliative care are:

- Provide familiarity with the palliative care services and the assistance it can provide in managing complex patient care issues in conjunction with the TSICU team and primary surgical team
- Provide a framework for the TSICU team and primary surgical team to use when deciding upon PC consultation.

ELABORATIONS:

I. DEFINITIONS:

Palliative Care: Specialized medical **care** for people with serious illness. It focuses on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

II. GUIDELINES/ RATIONALE:

PALLIATIVE CARE SERVICE ACTIVITIES:

Assist with goals of care and code status discussions

Provide End of Life care for patients dying in the hospital

Assist with the management of intractable pain after consultation with anesthesia pain service

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PLACING A PALLIATIVE CARE CONSULT:

PC consults are placed by entering an order in Epic (“IP consult to palliative care”) and calling the PC service. The PC physician is Alexie Cintron (281-952-0603) and his Nurse Practitioner Shannon Pearce (281-952-3879).

The hours of operation of the PC service are as follows:

Monday - Friday: 730 am – 430 pm

New referrals prior to 2 pm will be seen the same day.

Referrals after 2 pm or those that are ordered on weekends or holidays will be seen the next business day.

All calls returned between 7 am and 7 pm, 7 days a week.

CRITERIA FOR PC CONSULTATION:

- Complications of Traumatic Injury/Illness:
 - Readmission to SICU
 - Patients in whom tracheostomy and PEG placement are being considered
 - ICU LOS greater than 10 days
 - s/p cardiac arrest
 - metastatic cancer
 - High likelihood of becoming dialysis-dependent
 - End-stage liver disease
 - MOSF and/or sepsis refractory to medical treatment
 - Concern/uncertainty on part of patients, family, and treating team regarding goals of care (including major medical treatment decisions and preferences regarding resuscitation or other life-sustaining treatments)
 - Geriatric patients (> 70 yo) who have had or need the following operations:
 - i. Above-knee amputations
 - ii. Debridement (initial and subsequent) of necrotizing soft tissue infections
 - iii. Urgent/Emergent exploratory laparotomy
 - iv. SICU admission for trauma

