

1. Does the Patient Have A Life-Limiting Illness? (Check All Items that Apply)	
<input type="checkbox"/>	Advanced Dementia or CNS Disease (e.g. history of Stroke, ALS, Parkinson's): Assistance needed for most self-care (e.g. ambulation, toileting) <u>and/or</u> Minimally verbal.
<input type="checkbox"/>	Advanced Cancer: Metastatic <u>or</u> locally aggressive disease.
<input type="checkbox"/>	End Stage Renal Disease: On dialysis <u>or</u> Creatinine > 6.
<input type="checkbox"/>	Advanced COPD: Continuous home O2 <u>or</u> chronic dyspnea at rest.
<input type="checkbox"/>	Advanced Heart Failure: Chronic dyspnea, chest pain <u>or</u> fatigue with minimal activity or rest.
<input type="checkbox"/>	End Stage Liver Disease: History of recurrent ascites, GI bleeding, <u>or</u> hepatic encephalopathy.
<input type="checkbox"/>	Septic Shock (i.e. signs of organ failure due to infection): Requires ICU admission <u>and</u> has significant pre-existing comorbid illness.
<input type="checkbox"/>	Provider Discretion - High chance of Accelerated Death: <i>Examples:</i> Hip fracture > age 80; Major trauma in the elderly (multiple rib fractures, intracranial bleed), Advanced AIDS, etc
No Checked Items? STOP! Screening is Complete	ONE or More Checked Items? CONTINUE screening!



2. Does the Patient Have TWO or More Unmet Palliative Care Needs? (Check All the Apply)	
<input type="checkbox"/>	Frequent Visits: 2 or more ED visits or hospital admissions in the past 6 months.
<input type="checkbox"/>	Uncontrolled Symptoms: Visit prompted by uncontrol symptom: e.g. pain, dyspnea, depression, fatigue, etc.
<input type="checkbox"/>	Functional Decline: e.g. loss of mobility, frequent falls, decrease PO, skin breakdown, etc.
<input type="checkbox"/>	Uncertainty about Goals-of-Care and/or Caregiver Distress Caregiver cannot meet long-term needs; Uncertainty/distress about goals-of-care.
<input type="checkbox"/>	Surprise Question: You would not be surprised if this patient died within 12 months.
Less than TWO checked Items? STOP! Screening is Negative	TWO or more checked Items? PC Referral Recommended!

Bowman, J., George, N., Barrett, N., Anderson, K., Dove-Maguire, K., & Baird, J. (2016). Acceptability and reliability of a novel palliative care screening tool among emergency department providers. *Academic Emergency Medicine*, 23(6), 694–702. <https://doi.org/10.1111/acem.12963>