



# The Advance Project Referral Triage Tool: Palliative care in primary and home care

Client/Patient Name: \_\_\_\_\_

**1. After assessment by the nurse, GP or care coordinator consider:**

**Can this client/patient's and their family/carer's palliative care needs be met at present by the GP and the current support systems in place?**

☐ Yes ☐ No

*If 'No', consider what additional support is needed (see questions 2. and 3. below)*

**2. Are any of the following support or referrals required?**

Practical support (eg. Meals on Wheels, equipment, assistance in the home – shopping, domestic help, transport, personal care):

☐ Yes ☐ No

Community nurse:

☐ Yes ☐ No

Counsellor or Psychologist:

☐ Yes ☐ No

Social worker:

☐ Yes ☐ No

Physiotherapist:

☐ Yes ☐ No

Occupational therapist:

☐ Yes ☐ No

My Aged Care [myagedcare.gov.au](http://myagedcare.gov.au):

☐ Yes ☐ No

National Disability Insurance Scheme (NDIS):

☐ Yes ☐ No

My Aged Care [myagedcare.gov.au](http://myagedcare.gov.au):

☐ Yes ☐ No

Geriatric Services:

☐ Yes ☐ No

[Community Visitor Scheme](#):

☐ Yes ☐ No

Dementia Support Australia [dementia.com.au](http://dementia.com.au):

☐ Yes ☐ No

Other medical specialist:

☐ Yes ☐ No

Other services:

☐ Yes ☐ No

**3. Is referral to a specialist palliative care service required?**

☐ Yes ☐ No

Consider referral to specialist palliative care service for either a one-off assessment or ongoing care, if at least one of the following is present:

- ☐ Unresolved physical symptoms
- ☐ Unresolved psychological symptoms or existential/spiritual distress
- ☐ Unresolved carer/family distress
- ☐ Anticipated difficulties with end-of-life planning or care in the coming months
- ☐ Likely to require, or a preference for, terminal care in a specialist palliative care inpatient unit in the coming months

If referral to specialist palliative care is required:

- information about services available in your local area can be found at [palliativecare.org.au/directory-of-services/](http://palliativecare.org.au/directory-of-services/)
- communication tips for discussing referral to specialist palliative care teams with patients/clients/families are shown in the Advance Project Toolkit, which is available from [theadvanceproject.com.au](http://theadvanceproject.com.au)

**4. When does the client/patient and/or carer next need:**

- ☐ GP follow up: \_\_\_\_\_
- ☐ Nurse follow up: \_\_\_\_\_
- ☐ Case review: \_\_\_\_\_

**Completed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_