Patient’s Details:

**Palliative Care Needs Assessment**

*Using prompts as required identify & document* ***the problems/issues that are of most concern to your******patient under each of the four domains***

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| **Physical Wellbeing:** Following assessment of physical problems including pain, fatigue, breathing, difficulty sleeping, issues relating to bowels, nausea, appetite, confusion, delirium and function or any other issues, **physical problems of most concern are:** | **Social & Occupational Wellbeing:** Following assessment of emotional and social support needs, practical concerns, family/carer concerns, carers support needs and future care planning needs, or any other issues**, social and occupational problems of most concern are:** |
| **Psychological Wellbeing:** Following assessment of mood, anxiety, risk of depression, adjustment to illness and sources of strength, or any other issues, **psychological issues of most concern are:** | **Spiritual Wellbeing:** Following assessment of sources of hope, individual spiritual preferences and beliefs, including organised religion, or any other issues, **spiritual issues of most concern are:** |

Following your assessment and discussion with your multidisciplinary team, establish if the individual’s needs can be met by your team or if additional support is required?

**☐ If needs can be met:** Agree an appropriate plan of care reflective of the individual’s main concerns. Review the effectiveness of your interventions frequently.

**☐ If needs cannot be met and referral to a Specialist Palliative Care Service (SPCS) may be required: First review the** [**Eligibility Criteria for Referral**](https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/eligibility-criteria-for-access-to-discharge-from-specialist-palliative-care-services.pdf) **to SPCS**. A referral to SPCS must be at the request of a GP or Hospital Consultant. **Please attach a completed PCNA to your referral**.

General advice may be sought from Specialist Palliative Care Services (SPCS) at any time

**Name (in block capitals):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**