## WHAT SORT OF PATIENTS MAY REQUIRE TRANSFER TO THE PALLIATIVE CARE UNIT? (CRITERIA)

- The patients who can most benefit from a transfer to the Palliative Care Unit are those with issues relating to physical symptoms, psychological distress, complex psychosocial care needs or spiritual needs that are causing distress and are difficult to address in the usual care setting.
- Priority is given to community admissions, dying patients and patients with multiple or unusually severe problems.
- Patients on the Unit are also taken into account when considering transfers.

## WHAT SORT OF DIAGNOSES?

- Cancer patients provided they meet the above criteria.
- Patients with other life threatening illnesses who have limited life expectancy. Eg end stage neurological disease, renal failure, heart failure, COPD.
- If in doubt check with Palliative Care Staff before discussing with patient.

## WHAT CAN THE PALLIATIVE CARE UNIT OFFER?

- The Staff on the Unit are skilled at getting patients home as well as caring for dying patients.
- The Unit is very similar in appearance and staffing to the rest of the hospital. It has nursing staff who are trained in palliative care. There is a three bedded bay and one single room. Bed allocation depends on gender-mix. The unit does not provide one to one care.
- The Unit can be used to assess care needs. Sometimes, patients may be moved back to other areas if the patient no longer meets the above criteria.
- The Unit cannot offer long term care, respite or day case procedures.
- The Unit is not able to offer a chronic pain service.

## HOW ARE PATIENTS ADMITTED TO THE PALLIATIVE CARE UNIT?

- People who are not inpatients of WCH need to be admitted to Patterdale Ward in the first instance. This is the only reliable way to ensure ongoing medical care for your patient. You can speak to the Palliative Care Unit directly regarding bed availability and the possibility of reserving a bed prior to admission to Patterdale. The extension number for the unit is 4058.
- Patients cannot be transferred until they have been allocated to a hospital consultant (NOT Dr Rowe or Dr Palmer).
- The consultant in charge of the patients care (or authorised middle grade) AND the patient MUST agree to the transfer.
- Patients can then be transferred directly from other wards within the hospital after liaison and acceptance by the palliative care unit nursing staff (to negotiate transfer).