

Palliative Care Resources for Physicians in the South West LHIN

CCAC Services (Community) 519-473-2222/1-800-811-5146 (Head Office, London)

- ◆ Supportive Care Case Management Team
- ◆ Palliative Support Team
- ◆ Nursing, Personal support work
- ◆ Physiotherapy, Occupational therapy, Speech therapy, Social work
- ◆ Nutritional counseling
- ◆ Medical supplies and equipment
- ◆ Placement services (Long-term care & short stay)
- ◆ Information and referral about community based services

Palliative Pain & Symptom Management Consultation Services 519-685-4292 x42181 (Head office, London)

The Palliative Pain & Symptom Management Consultants:

- ◆ Assist primary care providers in the application of symptom assessment tools & best practice guidelines
- ◆ Provide consultation to service providers in person, by telephone, by videoconference or through e-mail regarding care (e.g., assessment & management of pain & other palliative symptoms)
- ◆ Provide case-based education & mentoring for service providers
- ◆ Build capacity amongst front line service providers in the delivery of palliative care
- ◆ Link with specialized hospice palliative care resources

Palliative Physician Consultation (all settings)

Dr. Ingrid Harle, Medical Director, Palliative Medicine Program London & Southwest Region, 519-685-8500, Pager # 18749 (8 am – 8 pm)

Available for palliative care consultation on challenging cases such as:

- ◆ Acute pain crisis
- ◆ Intractable symptoms in EOL where palliative sedation may be considered
- ◆ Conversion of opioids
- ◆ Malignant bowel obstruction
- ◆ Acute spinal cord compression (suspicion of, what to do, who to call)
- ◆ Dyspnea
- ◆ Delirium (acute)

* The above are examples only and is not an exhaustive list.

To refer to the Palliative Medicine Clinic at LRCP, contact Phyllis Moore for a referral form/information: 519-685-8500 x 58602

Valuable Websites

www.thehealthline.ca
www.palliativedrugs.com
www.virtualhospice.ca

www.chpca.net
www.palliativecareswo.ca
www.cancercare.on.ca

Common Palliative Care (PC) Billing Codes, OHIP, April 2007

Code	Description
A945 *	PC consultation by specialist in PC (minimum 50 minutes)
K023 *	PC support (≥ 30-minute visit)
B998 + K023 *	PC house calls
C882	PC hospital visits
C777 (hospital) A777 (home)	Visit for pronouncement of death
C771 (hospital) A771 (home)	Filling out death certificate (without pronouncement)
K015 *	Counseling relatives re: terminally ill (≥ 30 minutes)
K071	CCAC yellow form Phone communication with RN (Maximum # per month: 1 per 2 weeks x 12 weeks then 1 per month)
K070	Home Care Application rendered by MRP
G511	Telephone services to <u>patient</u> receiving pc at home (2 per pt / week)
A003	General assessment
Z591	Paracentesis
Z332	Thoracentesis
K038	Physician completed LTCH application form

* Must record time spent with patient on patient chart

Palliative Performance Scale (PPSV2)

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable [to do] Normal [job/Work]	Full	Normal or reduced	Full
60%	Reduced	Unable [to do] hobby/house work	Occasional Assistance Necessary	Normal or reduced	Full or Confusion
50%	Mainly Stillie	Unable to do any work Extensive disease	Considerable Assistance Required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly Assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive Disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive Disease	Total Care	Minimal to slips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive Disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death				

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Equianalgesic Dosing Chart

All equivalencies are approximate only; use this chart as a guideline only.

Oral Routes:

Morphine 10 mg = Percocet 1 tab (5/325)
 Morphine 10 mg = Codeine 100 mg
 Morphine 10 mg = Hydromorphone 2 mg
 Morphine 10 mg = Oxycodone 5 mg

Oral to Subcutaneous Routes: Ratio 2 (oral): 1 (S.C)

Morphine 10 mg p.o. = Morphine 5 mg S.C.
 Dilaudid 10 mg p.o. = Dilaudid 5 mg S.C.

Subcutaneous Equianalgesia:

Morphine 10 mg S.C. = Dilaudid 2 mg S.C.

Transdermal Equianalgesia: There are various accepted methods of conversion:

Morphine 50 mg p.o. in 24 hours = Fentanyl 25mcg patch q72 h (Donner et al., 1996)
 Morphine 60-134 mg p.o. in 24hours = Fentanyl 25 mcg patch q72 h (CPS, 2006)

* NOTE: Tylenol # 3 ii tabs orally is approximately equal to morphine 6 mg orally

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