Palliative Care Resources for Physicians in the Grey Bruce Region of the South West LHIN

CCAC Services (Community) 519-371-2112 (Owen Sound)
519-881-1181 (Walkerton) 1-800-811-5146 (Head Office, London)

- Supportive Care Resource 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
Marie Palmer, R.N. CHPCN(C), Consultant 519-794-3571
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. Hilli Huff and Dr. Jill Rice, Palliative Care Physicians, Grey and Bruce Counties, 519-372-3920 (page through switchboard)

Non-urgent Grey Bruce referrals: fax 519-371-0038

Dr. Ingrid Harle, Medical Director, Palliative Medicine Program London & Southwest Region, 519-685-8500, Pager # 18749 (8 am – 8 pm)
Above physicians available for telephone consultation, physician to physician, on challenging cases. Examples include but are not limited to: acute pain or dyspnea crisis, intractable symptoms in end of life where palliative sedation may be considered, rotation and conversion of opioids, acute delirium, malignant bowel obstruction, acute spinal cord compression (suspicion of, what to do, who to call).

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

Valuable Websites

www.thehealthline.ca	www.chpca.net
www.palliativedrugs.com	www.palliativecareswo.ca
www.virtualhospice.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 patient 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 Sit/Lie	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 sips	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 i 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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