Palliative Care — Throughout the continuum of illness involving addressing physical, intellectual, emotional, social, and spiritual needs (total pain), facilitating patient autonomy, and choice.

Hospice Care — Is specialty palliative care provided during the last months of life

	Ask / Assess / Advise	Next Steps
Pre-disease	• Introduce Advance Directives	• Complete Medical Durable Power of Attorney or other Advance Directive identifying healthcare agent
Onset of disease	• Give clear descriptions of diagnosis and treatment options. • Include family* • Update Advance Directives	• Suggest family conference to discuss goals for survival (longevity), symptoms, physical function, social function, role function. • Initiate treatment plan.
Disease management	• Review progress of disease. • Review goals/treatment plan. • Review Advance Directives. • Assess patient's pain and suffering.	• Repeat family conference. • Update Advance Directives, consider Physician Orders for Life-Sustaining Treatment (POLST) or equivalent† • Address physical, psycho-social-spiritual, and relational issues (total pain) and goals. • Update treatment plan. • Connect to additional services to meet needs/goals.
Advanced disease	• Repeat items above. • Assess total pain. • Consider specialty palliative care and/or Hospice consult. • Address caregiver concerns and burdens.	• Review steps above. • Provide aggressive comprehensive symptom management. • Address total pain. • Connect caregivers with support services. • Convene family conference if needed. • Review and update Advance Directives. • Complete or update POLST or equivalent.†
End-stage disease	• Review items above. • Consider specialty palliative care and/or Hospice consult. • Assess patient for grief and loss.	• Review and update POLST or equivalent† and Advance Directives. Consider out-of-hospital DNR order or CPR Directive. • Maintain comprehensive symptom management, including psycho-social-spiritual pain. • Assist patient with anticipatory grief and loss.
Bereavement	• Normalize grief process. • Assess for complicated grief. • Assess for depression and refer as appropriate. • Assess for adverse health effects from prolonged caregiver burden.	• Monitor for complicated grief and/or refer for counseling and treatment as appropriate. • Address depression if indicated. • Monitor health effects and treat as indicated.

Prompting Questions

To be revisited throughout illness trajectory:

Have you thought about the kind of care you would or would not want if you became crucially ill or injured?

Whom do you want to make decisions for you when you can't?

What do you understand about your illness?

How much do you want to know?

As you look ahead along the progress of your illness:

- *What are your expectations?*
- *What are your goals?*
- *What are your hopes?*
- *What are your fears or worries?*

How are you coping?

What support do you have?

How can we help address concerns and needs of those around you?

How is our treatment working for you?

How is your disease interfering with usual activities?

What abilities are most important to you to maintain?

Have you thought about dying?

Have you talked to your loved ones about your concerns and wishes?

*__Family__ should be understood as including anyone so-designated by the patient: loved ones, friends, neighbors, co-workers, formal/informal caregivers who may not be relatives, etc.

†**POLST** or Physician Orders for Life-Sustaining Treatment is a portable medical order set addressing certain key treatment choices for patients with serious illness or in the last years of life. It is known by various names in different states (e.g., POST, MOST, MOLST, SAPO, COLST, etc.). To learn more or identify whether your state has a POLST or equivalent program, visit www.polst.org.

This guideline is not intended to substitute for a clinician's judgement or establish a protocol for all patients. Originally developed by a collaborative workgroup convened by HealthTeamWorks, Colorado, 2011; adapted and updated by The Iris Project with permission from the Colorado Department for Public Health and Environment. Copyright © 2017. All Rights Reserved. To obtain additional copies, please contact visit www.theirisproject.net.