Identifying Common Screening Criteria or “Triggers” for Palliative Care Consultation: A Systematic Review (TH347-D)

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Objectives

- List at least three common screening criteria for palliative care consultation in the acute care setting.
- Discuss the diversity among palliative care referral criteria in the acute care setting.

Systematic Review Background: Experts and professional societies in both palliative care (PC) and critical care have developed strategies aimed at improving the implementation of PC in the acute care setting. A recent focus of these groups is on the development of clinical screening criteria, or “triggers,” alerting clinicians to the palliative care needs of hospitalized patients. While many publications recommend tailoring screening criteria to individual acute care settings, common or foundational screening criteria for universal adoption have not been described.

Aims: The aim of this systematic review is to identify common screening criteria for palliative care consultation in the acute care setting.

Methods/Session Descriptions: CINAHL, The Cochrane Library, PsychINFO, SocINDEX, Web of Science, and PubMed databases were searched using terms “screening criteria,” “triggers,” “palliative care,” and “acute care.” Two reviewers independently conducted searches, selected articles, and extracted data. Each stage was discussed until consensus was reached. A third reviewer was available if consensus was not achieved. Investigators included (a) articles with specific triggers or screening criteria for palliative care, (b) articles focused on the acute care setting, (c) studies of adults (aged 18 and older), and (d) publications in English from 1995-2014. The search strategy yielded 1,878 references, of which 10 articles were analyzed.

Conclusion: Various screening criteria as well as methods to generate and evaluate criteria for PC consultation were reported in the literature, however some common themes were identified including length of hospitalization and mechanical ventilation, neurological status, age in conjunction with comorbidities, multisystem organ failure, and stage-IV malignancy. The identification of common screening criteria for PC consultation may serve as a foundation for clinicians aiming to develop or advance the presence of PC in rural, community, and academic hospital acute care settings. Further research is needed in determining universal or appropriate screening criteria for PC consultation in the adult acute care setting.