PALLIATIVE CARE PSYCHOSOCIAL ASSESSMENT

Preferred language: English
Language Used: English
Sources of Information: Pt, family and medical record
Barriers to assessment: None

Next of Kin (NOK): ***
Primary Caregiver: ***
Other Contacts: ***

Chief Complaint: Coping in setting of serious illness

HPI: This consultation was requested by *** Pt is a*** Palliative care coordinator following for palliative psychosocial assessment and intervention in setting of serious illness trajectory.


- Pt readily discusses illness describing ***
- Expressing feelings of **** around***. Feelings validated, normalized.
- Explored ways in which illness has impacted life, such as***
- Confirms/denies that pain/symptoms have impacted coping
- Explored helpful coping strategies such as***
- Reinforced ongoing availability for psychosocial support in setting of serious illness trajectory.

Support system: ( ) Strong ( ) Fair ( ) Limited support system
Comments:

Coping status - patient: No hx of mental health issues reported or identified.
- Pleasant and easily engaged.
- Describes normative feelings of sadness and loss around decline in function.
- Able to self soothe. Able to look forward to the future.

Coping status - family: Themes of cumulative caregiver fatigue

Physical aspects: Reports she/he was independent with ADL's and ambulation prior to admission.

Learning needs? ( ) Language ( ) Cultural ( ) Developmental ( ) Motivational ( ) Cognitive
Comments: None reported or identified.

Religious/Spiritual/Existential aspects: ( ) Yes ( ) No
Comments: - Utilizes faith to cope with stress of serious illness.
- Important spiritual resources include: ***
- While he/she has no formal religious affiliation, he/she does have a spiritual philosophy that guides his life.
- Confirms awareness of pastoral care as a resource.
Assessment: Mr./Mrs.***
-Current pain level acceptable.
-Appears to be having understandable difficulty coping around***
-Understandable themes of loss, sadness, anticipatory grief noted.
-Like all patient/families experiencing serious illness, Mr/Ms*** and family confront several emotional challenges which may be supported with ongoing monitoring, exploration and support.

Plan of Care:
-Will continue to explore ways to assist with coping such as cognitive-behavioral, strengths-based and short term treatment interventions
-Will continue to monitor pt/family coping and remain available for psychosocial intervention as pt/family system integrate illness trajectory and it’s impact on their lives.
-Will continue to liaise with unit social work/CM and JTCC psychosocial staff to ensure communication of goals & preferences, care coordination and continuity.
-Palliative care education ongoing; scope of practice and philosophy discussed. Palliative care contact information given

When asked, "What should HackensackUMC know about you and your loved ones in order to take better care of you?" *****

Advanced Care Planning: -Patient does not have an advanced directive.
-Patient has an AD. Reviewed, copy located in chart.

Code Status: Full

POLST (Practitioner Orders for Life Sustaining Treatment): Candidate

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<tr>
<th>Core Measures</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Palliative Care Education</td>
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<td>Pastoral Care</td>
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<td>Therapeutic Counseling</td>
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<td>Advanced Care Planning</td>
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<td>Assess Stress</td>
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<tr>
<td>Assess Coping</td>
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<td>Assess Anxiety</td>
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<td>Assess Anticipatory grief</td>
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<td>Family Meeting</td>
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<td>Bio-ethics consult</td>
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<td>PCS Interdisciplinary Rounds</td>
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