

## **Referral Criteria for Different Types of Palliative Care Service for Patients with Life-threatening & Life-limiting Conditions**

1. **Inpatient**
  - Patients with complex symptoms and psychosocial problems that require day-to-day medical intervention
  - Patients are clinically unstable requiring inpatient care
  - Patients are imminently dying
  
2. **Consultative Service (In-patient)**
  - Patients in non-palliative care setting who develop severe or complex symptoms and face medico-psycho-social needs and require palliative care but are still under the care of the parent team
  - Patients who require palliative care but are psychologically not ready for inpatient palliative care referral or physically not fit for transfer to palliative care inpatient bed
  
3. **Outpatient**
  - Patients with symptoms or complicated disease-related psychosocial problems that require specialist care and can be managed in an outpatient clinic setting
  - Continuity of palliative care for discharged patient
  
4. **Day Service**
  - Patients with multiple problems which symptoms are recurrent or chronic (e.g.: breathlessness, fatigue, lymphoedema) requiring one-stop multidisciplinary consultation and treatment in ambulatory setting
  - Patients suffering from recurrent symptoms (e.g. Abdominal drainage / tapping, blood transfusion) requiring repeated interventional therapeutic procedure(s)
  
5. **Home Care**
  - Patients requiring more intensive symptom monitoring beyond outpatient clinic setting
  - Patients having difficulties commuting to the hospital/ clinic to receive ambulatory treatment
  - Patients / families requiring mild to moderate psychosocial intervention
  - Families requiring support to maintain patients at home
  - Discharged patients requiring continuity of care at home setting
  - Bereavement care
  - Support patients to die in place as appropriate if it is patients/families' preference