

***Moving knowledge not people***

**CASE PRESENTATION TEMPLATE**

**Please de-identify all information**

Please complete, save, and send this form and the pertinent de-identified information to: palliativecareecho@uq.edu.au

Date: Click here to enter a date.

Site Name: Click here to enter text.

Case Presenter Name: Click here to enter text.

Case Presenter Phone #: Click here to enter text.

Case Presenter Email: Click here to enter text.

Has there been any communication with [SPARTA](https://www.health.qld.gov.au/clinical-practice/referrals/statewide-specialist-services/palliative-rural-telehealth-service)(link) and/or [PallConsult](https://metrosouth.health.qld.gov.au/pallconsult)(link) for this person? Yes  No

**Why is the case being presented? (Summary paragraph and Issues list):** Click here to enter text.

1. **Patient Demographics:**
   1. **Age:** Click here to enter text.
   2. **Gender:** M F  non-Binary
   3. **Person identifies as:** Aboriginal person  Torres Strait Islander person  Both  Neither
2. **Current Place of Care:** Hospital  Nursing Home  Community
3. **Primary Diagnosis:**
   1. Relevant physical symptom issues
   2. Past treatment
   3. Current treatment
   4. Planned treatment
4. **Relevant comorbidities:**
5. **Allergy/Adverse Drug Reaction Profile:**
6. **Medication/CAM profile:**

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**CASE PRESENTATION TEMPLATE (con’t)**

1. **Palliative Care/EOLC specific considerations-link:**

[**https://www.caresearch.com.au/Portals/10/Documents/Palliative-and-EOL-Care-Framework.pdf**](https://www.caresearch.com.au/Portals/10/Documents/Palliative-and-EOL-Care-Framework.pdf)

* 1. **Assessment of Prognosis:** (surprise question, SPICT tool)
     1. days to weeks
     2. weeks to months
     3. months to years
  2. **Advance Care Planning-link:**  [**The Statewide Office of Advance Care Planning**](https://metrosouth.health.qld.gov.au/acp)
  3. **Case Conference/Goals of Care:**
  4. **Terminal Care Planning:**
  5. **Relevant psychosocial issues/supports:**
  6. **Relevant Spiritual issues/supports:**
  7. **Bereavement issues/supports:**
  8. **Practical and functional issues/supports:**
  9. **Current services and planned services:**

1. **Other issues to consider:**

Once complete please send by e-mail to: [palliativecareecho@uq.edu.au](mailto:palliativecareecho@uq.edu.au)

For further information or assistance contact the Palliative Care ECHO team

Lisa Garner 0408 181 351 or Dr Helen Haydon on 3176 4462

Web: [uqecho.org/pallcare-echo](https://uqecho.org/pallcare-echo/)