

Elliot Hospital Palliative Care Services

Welcome to the Elliot Hospital Outpatient Palliative Care program.

Palliative Care is a medical specialty that is often misunderstood by the medical community and the general public. We would like to introduce ourselves prior to your first appointment.

Palliative care is a medical specialty that cares for any person with a serious illness - at any stage of their treatment or disease process. We work as a team and are here to help with symptom management, assist with decision making and advance care planning, and offer support to patients and their families. We collaborate with your medical providers with a goal of enhancing your quality of life.

Our goal is to provide physical, emotional, spiritual and practical care for people as they navigate the healthcare system during a very difficult time in their lives. The Palliative Care team utilizes a patient-centered approach to medical care which uses the patient's goals and wishes as the guiding principle to develop a customized plan of care.

Because our office operates slightly differently than most, we wanted to offer a brief outline to help prepare for your first appointment. Our team is comprised of 3 Board Certified Palliative Care Physicians, 2 Board Certified Palliative Care Advance Practiced Nurse Practitioners, 1 Board Certified Palliative Care Licensed Independent Clinical Social Worker. Your first visit will be a joint meeting with the medical provider and social worker and therefore can be expected to be an hour in length. Follow up appointments will be 30 minutes. We are located at 445 Cypress St, Suite 8 in Manchester, NH. After scheduling an appointment, you will receive a postcard with your appointment date, time and directions.

Please contact our office to request an appointment @ (603) 663-4023.

We look forward to meeting you!

Sincerely,
Elliot Palliative Care Team

ELLIOT CENTER FOR PALLIATIVE MEDICINE INITIAL SURVEY



A MEMBER OF SOLUTIONHEALTH

The Palliative Care team asks you to consider completing this short survey to help us understand you as a person to provide the best possible care. Please bring with you to your first appointment.

Please circle one of the choices that best describes you:

1. On a daily basis, considering all parts of your life – physical, emotional, social, spiritual, and financial how you would rate your quality of life?

poor fair alright very good excellent

2. Over recent weeks, how much have you been bothered by physical problems such as pain, upset stomach or difficulty breathing?

not at all slightly moderately quite a bit extremely

3. Over recent weeks, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, or downhearted and blue?

not at all slightly moderately quite a bit extremely

4. Over recent weeks, how much have you been bothered by uncertainty about what to expect from the course of your illness?

not at all slightly moderately quite a bit extremely

5. Over recent weeks, how much have you felt at peace?

not at all slightly moderately quite a bit extremely

6. Over recent weeks, how much have you felt heard and understood by medical providers?

not at all slightly moderately quite a bit extremely

7. How much are your spiritual needs being supported by a religious community (like clergy or members of a congregation)?

not at all slightly moderately quite a bit extremely

8. When you think about the amount of income that you have available in a typical month, how often is it enough for things you really need like food, clothing, medicine, repairs to the home, and transportation?

not at all rarely sometimes most of the time always

9. How often does the following statement describe you? "In uncertain times, I tend to expect the best."

not at all rarely sometimes most of the time always

10. How strongly do you agree with the following statement: "During the last few months of my life, I would prefer a plan of treatment that focused on my comfort and quality of life, even if that meant not living quite as long."

strongly disagree somewhat disagree not sure somewhat agree strongly agree

11. How would you describe the purpose of your current medical care

to live longer to feel better to get rid of all the disease

Please answer the following:

Are there key Providers involved with your care you would like the palliative care team to connect with? _____

Are there any other people you would like to include in your care? _____

Do you have Advance Care Directives?

YES NO Would like more information?

Advance Directive is the general term that refers to the various documents that could include a living will, health care proxy or health care durable power of attorney. A living will informs medical professionals and your family to the treatments you want to receive or refuse.

What are your expectations from this visit? _____

List of questions for your Palliative Care provider during your visit: _____

0-10 SCALE OF PAIN SEVERITY

Severity

Description of Experience

10	Unable to Move	I am in bed and can't move due to my pain. I need someone to take me to the emergency room to get help for my pain.
9	Severe	My pain is all that I can think about. I can barely talk or move because of the pain.
8	Intense	My pain is so severe that it is hard to think of anything else. Talking and listening are difficult.
7	Unmanageable	I am in pain all the time. It keeps me from doing most activities.
6	Distressing	I think about my pain all of the time. I give up many activities because of my pain.
5	Distracting	I think about my pain most of the time. I cannot do some of the activities I need to do each day because of the pain.
4	Moderate	I am constantly aware of my pain but I can continue most activities.
3	Uncomfortable	My pain bothers me but I can ignore it most of the time.
2	Mild	I have a low level of pain. I am aware of my pain only when I pay attention to it.
1	Minimal	My pain is hardly noticeable.
0	No Pain	I have no pain.