IMPORTANT

Australian Government
Department of Veterans' Affairs

Exceptional Case Application
Attachment 3 – Palliative Care

Completing this form

This form is to be used as an attachment to an Exceptional Case Application where palliative care is being provided. This form must be completed by a Registered Nurse (RN).

Where possible please complete and return this application form electronically.

If you are completing this form manually, please use BLACK pen to complete all information on this form.

The Department of Veterans' Affairs (DVA) cannot assess an incomplete or illegible form.

Note: If the client is noted to be palliative, then a referral or details from a specialist palliative care team must be included noting their involvement and/or oversight of the client's care.

Contacting the Community Nursing team

If you require assistance completing this form, please email DVA at exceptional.cases@dva.gov.au

1. Provider details

Provider name

Provider number

2. Client information

DVA file number

Surname

Given name(s)

Date of birth

3. Palliative Care Phase

Please tick the palliative care phase of the client

☐ Stable ☐ Deteriorating

☐ Unstable ☐ Terminal

Which assessment tool was used to determine the client is in a Palliative Phase (if known)?

4. Specialist Palliative Care Services

Please tick which specialist palliative care services have been accessed (include supporting documentation)

☐ Community Palliative Care Team

☐ Specialist Inpatient Palliative Care Ward

☐ Hospice

☐ Palliative Care Outpatient Clinic

☐ Pain Clinics

☐ None – please provide reason

5. Symptom Assessment Score

Tick the appropriate score for the client's experience of each symptom using the following scale

0 - none at all

10 - worst possible

	0 - none at all										*10 - worst possible*
	0	1	2	3	4	5	6	7	8	9	10
Appetite problems	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Bowel problems	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nausea	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sleeping problems	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Other - please specify

If score is greater than 3, what strategies have been established to manage symptoms?

6. Karnofsky Performance Scale

The Karnofsky Performance Scale used is the Australian modified version. Please tick the appropriate response for the client

Definition	%	Criteria
Able to carry on normal activity and to work. No special care is needed.	100%	☐ Normal, no complaints or evidence of disease
	90%	☐ Able to carry on normal activity, minor signs / symptoms of disease
	80%	☐ Normal activity with effort, some signs / symptoms of disease
Unable to work. Able to live at home, care for most personal needs. A varying amount of assistance needed.	70%	☐ Cares for self. Unable to carry on normal activities or do active work
	60%	☐ Able to care for most needs by requires occasional assistance
	50%	☐ Considerable assistance and frequent medical care required
Unable to care for self. Requires equivalent of institutional/hospital care. Disease may be progressing rapidly.	40%	☐ In bed more than 50% of time
	30%	☐ Almost completely bedfast
	20%	☐ Totally bedfast, requiring extensive nursing care by professionals and/ or family
	10%	☐ Comatose or barely rousable
	0%	☐ Deceased

7. Advance Care Plan/Directive

Has an Advance Care Plan/ Directive been completed?

No ☐ ▶ Please provide reason

Yes ☐ ▶ Please ensure Advance Care Plan/Directive is attached when submitting this form

8. Additional comments

9. Declaration

Declaration must be signed by the RN completing this form.

Full name

Title

Signature
(electronic signature accepted)

Please note, no further changes can be made once form has been electronically signed.

Date

Save Print Clear