ICU Palliative Care
Bedside Nurse’s Primary Palliative Care Assessment

1. Does your patient have any *uncontrolled symptoms*?
   Check all that apply:
   - Pain
   - Confused
   - Tired
   - Thirsty
   - Other
   - Short of breath
   - Anxious
   - Sad
   - Nauseated
   - Restless
   - Scared
   - Hungry
   - Constipated

2. Is the patient’s *family emotionally distressed* or struggling to cope?
   - Yes
   - No / family not present

3. Do you have concerns about the quality of the *family–clinician communication* about the prognosis and goals of care?
   - Yes
   - No

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