# greenstrip1

**Documentation That Will Lead to a Palliative Care Code (Z51.5)**

**On a Hospital Record**

**Situation**: Inconsistent capture of the Palliative Care in appropriate patient records.

**Background**: The Palliative Care code increases the risk of mortality calculation in most predictive models. There has been inconsistent understanding of when the code will be captured.

**Assessment/Recommendation**:

A Palliative Care Code will be captured:

* If someone is a code status Level 4
* If someone is discharged to hospice
* If, in a progress note, discharge summary or history and physical, it mentions “comfort care” or “end of life care” or “palliative care”
* If someone is terminally weaned from a ventilator **AND** the progress note/discharge summary states “end of life”
* Palliative care for (specific serious / chronic illness) with (treatment)

**A Palliative Care Code IS NOT captured just by placing an order for an AIMS consult.**