

Date: [Date]

To: [Assisted Living Facility Name]

Attn: Nursing Director / Administrator

Address: [Facility Address]

RE: Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Transition to Palliative Care Services

Dear Care Team,

This letter is to formally notify you that [Patient Name] has been transitioned to a Palliative Care plan of management under the supervision of [Clinic Name/Physician Name].

Primary Diagnosis: [List main condition]

Goals of Care: The primary focus of treatment has shifted toward comfort, symptom management, and quality of life. Aggressive curative interventions and unnecessary hospitalizations should be minimized in accordance with the patient's wishes.

Current Orders and Support:

- **Symptom Management:** Please refer to the attached updated Medication Administration Record (MAR) for pain and anxiety protocols.
- **Advance Directives:** A copy of the [POLST/DNR/Power of Attorney] is attached to this letter.
- **Palliative Provider:** [Name of Palliative Agency/Consultant] will be visiting the patient on a [Weekly/Monthly/As Needed] basis.

Emergency Procedures:

In the event of a change in condition or acute distress, please contact our clinic or the palliative consultant at [Phone Number] prior to initiating a transfer to the Emergency Room, unless it is a life-threatening emergency outside the scope of comfort care.

Please update the resident's file to reflect these changes. If you have any questions regarding the new care plan, please contact our office at [Clinic Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Clinic Name]