

Background

- Between 2018-2022, 87,716 cancer cases were reported in Singapore. Rising cancer incidence is due to an ageing population, increasing breast and prostate cancer risk, and expanded screening efforts.
- Better recognition of palliative needs of cancer patients in the ED could decrease time to palliative interventions and reduce hospital duration in the last phase of illness.
- Our aim:
 - Describe the characteristics of cancer patients reviewed by palliative specialists (PLM) during their last hospitalization
 - To better understand how to identify them in the ED and make system improvements.

Methods

- Retrospective chart review of patients admitted via the ED to oncology or haematology department between 1 June and 31 October 2025, who received an inpatient PLM review and died during this admission or after transfer to hospice care.
- Data extracted:
 - Demographics, comorbidities, ED presenting complaint and vital signs, supportive medications administered in the ED, hospital length of stay (LOS), number of investigations performed in ED.
- The components of the Palliative Care and Rapid Emergency Screening (P-CaRES) tool were scored retrospectively.

Results

- 126 out of 418 patients admitted to Onco/Haem department were deemed by clinicians to require PLM specialist review during their last hospitalization.

Data extracted	Results
Total number of patients	126
Mean age	68.3 yrs (IQR 62-76)
Known to PLM specialist	53 (42%)
Clinical Frailty Scale >6	42 (33%)
Positive P-CaRES scoring	83 (66%)
Mean time to PLM review	157hrs (6.6 days)
Patients with PLM review within 72 hrs	72 (57.1%)
PLM review for symptoms already present during ED visit	60 (47.6%)
Symptomatic medications prescribed in ED	16 (26.7%)
Dangerously ill (DIL) at ED	46 (36.5%)
Goals of care discussion in patients deemed "DIL"	30 (65.2%)
Hospital LOS	16.2 days (IQR 7-22)
Average number of investigations in ED	8.1

Table 1: Summary of characteristics of patients reviewed by PLM during their last hospitalization

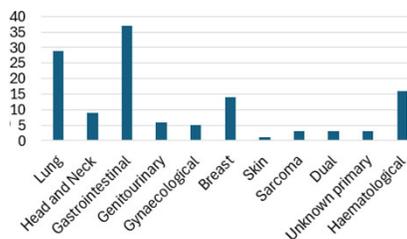


Figure 1: Location of cancer in patients reviewed by PLM during their final hospital stay

Results

- All of these patients had life-limiting cancers (Step 1 of P-CaRES tool). 83 patients scored positive for 2 components of the second step of P-CaRES screening.

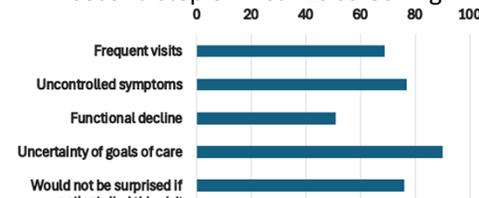


Figure 2: Number of patients who scored positive for discrete components of modified P-CaRES screening during their last ED visit

Reason documented for palliative review	Incidence
Anticipatory end of life care	40
Dyspnoea/secretions	37
Pain	35
Discharge planning	13
Delirium	11
Psychosocial support	5
Nausea/Vomiting	3
Constipation	2
Intractable seizures	2
Rectal bleeding	1

Table 2: Reasons documented in free text for palliative specialist referral (≥ 1 per patient)

- Patients referred to palliative specialists were clearly symptomatic or experienced a noticeable shift in function or goals of care during their admission, transitioning to comfort-focused care and requiring family support. In two instances, compassionate extubation occurred in the ICU. The Buddhist tradition of "no touch" following death was a factor prompting some families to consider compassionate discharge.

Conclusions

Patients with cancer presenting to the ED may have palliative needs and significant hospital resource utilization during their last hospitalization. Delays to PLM referral and low rates of goals of care discussion and supportive medication administration suggest missed opportunities for early initiation of comfort-focused care.

Next Steps

Patients arriving in ED for their last hospitalization are heterogeneous. Goals of care should be revisited during each crisis. Accurate prognostication in the ED may not always be possible, but dedicated manpower may fill gaps of screening and address needs. We hope to create these roles in the ED:

- Palliative care coordinator:
 - Screens patients for palliative needs and triggers goals of care conversations
 - Triage the need for PLM referral or updates of patient visits
 - Coordinates care with inpatient teams
 - Triggers PLM SOC visits, home hospice referral or community nurse reviews for "stable" discharges
- Palliative champion nurse:
 - Supports appropriate and timely symptom relief in more cases
 - Supports ED to hospice transitions and compassionate discharges

References

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- 3) George N, Barrett N, McPeake L, Goett R, Anderson K, Baird J. Content Validation of a Novel Screening Tool to Identify Emergency Department Patients With Significant Palliative Care Needs. Acad Emerg Med. 2015 Jul;22(7):823-37.
- 4) Rowe BH, Kirkland SW. The role of emergency departments in identifying, managing and referring patients with palliative care needs. Ann Palliat Med. 2025 May;14(3):312-316.