

**SP ICT-LIS™ helps identify people in low-income settings with advanced, progressive illnesses. Offer the best available appropriate treatment. Assess unmet supportive and palliative care needs. Plan care.**

## Look for general indicators of poor or deteriorating health. May have one or more of these indicators.

- Performance status is poor or deteriorating. (e.g., person stays in bed or a chair more than half the day.)
- Depends on others for care needs due to increasing physical and/or mental health problems. Person's carer needs more help and support.
- Progressive weight loss; remains underweight; weight gain from persistent fluid retention.
- Persistent symptoms despite the best available appropriate treatment; cannot access treatment due to costs or distance to travel.
- Person wishes to focus on quality of life; chooses to reduce, stop or not have treatment; asks for palliative care.
- Unplanned hospital admissions; increased visits to hospital, clinic or health facility with progressive illness or complications.

## Look for clinical indicators of one or multiple life-limiting conditions.

### Cancer

- Progressive or metastatic cancer with symptoms and functional decline.
- Too frail for cancer treatment.
- Cancer treatment is for symptom control only, or is not available.

### Dementia and frailty

- Unable to dress, walk or eat without help.
- Eating and drinking less; swallowing difficulties.
- Urinary or faecal incontinence.
- Little social interaction or communication.
- Frequent falls; fractured femur.
- Recurrent infections; aspiration pneumonia.

### Neurological disease and stroke

- Progressive deterioration in physical and/or cognitive function despite available therapy.
- Increasing difficulty speaking and/or progressive swallowing difficulties.
- Episodes of aspiration pneumonia; breathless or respiratory failure.
- Ongoing severe disability after stroke despite best available rehabilitation.

### Heart/vascular disease

- Heart failure or extensive, untreatable coronary artery disease; breathlessness or chest pain at rest or on minimal effort.
- Severe, inoperable peripheral vascular disease.

### Respiratory disease

- Severe chronic lung disease; breathlessness or chest pain at rest or on minimal effort.
- Persistent hypoxia needing long term oxygen, if available.
- Severe respiratory failure during exacerbations.

### Kidney disease

- Stage 4 or 5 chronic kidney disease with deteriorating health.
- Kidney failure complicating other life-limiting conditions or treatments.
- Stopping or not starting dialysis.

### Liver disease

- Cirrhosis with one or more complications in the past year:
  - diuretic resistant ascites
  - hepatic encephalopathy
  - hepatorenal syndrome
  - bacterial peritonitis
  - variceal bleeds

### Infections

- Advanced TB: deteriorating health despite best available TB drug regimen.
- HIV: deteriorating health or complications not responding to best available treatment.
- Other infections not responding to best available treatment and health deteriorating.

### Surgical conditions and trauma

- Severe burns with predicted poor outcome.
- Serious condition with no access to surgery; condition or health too poor for surgery.
- Brain injury with clinical deterioration and no benefit from surgical intervention.

### Other conditions

- Deteriorating with other illnesses and/or complications that are not reversible (e.g. diabetes, haematological disease).
- Deteriorating with multiple conditions or general frailty in older age despite best available treatment.

## Review current care and care planning.

- Review current treatment and medication; continue making sure person receives the best available appropriate treatment; minimise polypharmacy.
- Consider referral for specialist palliative care review (if available) and/or other relevant specialist services when problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family. Support family carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, share, and review care plans regularly.