Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé

Modified Supportive and Palliative Care Indicators Tool (SPICT)

The SPICT is used to help identify people whose health is deteriorating. Assess them for supportive and palliative care needs.

Look for any *general indicators* of poor or deteriorating health (2 required to proceed)
1. Unplanned hospital admission(s)
2. Performance status is poor or deteriorating, with limited reversibility. (i.e. The person stays in bed or a chair more than half the day)
3. Depends on other for care due to increasing physical and/or mental health problems. The person's carer needs more help and support.
4. The person has significant weight loss over the past few months, or remains underweight
5. Persistent symptoms despite optimal treatment of underlying condition(s)
6. The person (or family) asks for palliative care

Look for clinical indicators of one or multiple life-limiting conditions. Number if indicators required for any given primary illness in brackets.

A. Respiratory Disease (1)
i. Severe, chronic lung disease with breathlessness at rest or on minimal exertion between exacerbations, despite optimal medical management.

B. Heart/Vascular Disease (1)
i. Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal exertion, despite optimal medical management.
ii. Severe, inoperable peripheral vascular disease.

C. Kidney Disease (1)
i. Stage 4 or 5 chronic kidney disease (eGFR< 30 ml/min) with deteriorating health.
ii. Kidney failure complicating other life limiting conditions or treatments.
iii.Stopping or not starting dialysis.

D. Liver Disease (1)
i. Cirrhosis with one or more of the following complications in the past 6 months:
- Diuretic resistant ascites
- Hepatic encephalopathy
- Hepatorenal syndrome
- Bacterial peritonitis
- Recurrent variceal bleeds

ii. Liver transplant is not possible.

E. Dementia (3)
i. Unable to dress, walk or eat without help.
ii. Eating and drinking less; difficulty with swallowing.
iii. Urinary and fecal incontinence.
iv. Not able to communicate by speaking; little social interaction.
v. Frequent falls; fractured femur.
vi. Recurrent febrile episodes or infections; aspiration pneumonia.

F. Neurological (1)
i. Progressive deterioration in physical and/or cognitive function despite optimal therapy.
ii. Speech problems with increasing difficulty communicating and/or progressive difficulty swallowing.
iii. Recurrent aspiration pneumonia; breathless or respiratory failure.

G. Cancer (2)
i. Functional ability deteriorating due to progressive cancer
ii. Too frail for or declines oncology treatment AND radiation treatments are for symptom control only.

H. Other conditions
i. Deteriorating and at risk of dying with other conditions or complications that are not reversible; any treatment available (or that is undesirable to the patient) would have a poor outcome.

***** Review current care and care planning:***

- Review current treatment and medication to ensure the person receives optimal care; minimize polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree on a current and future care plan with the person and their family. Support family caregivers.
- Plan ahead if loss of decision-making capacity is likely.
- Record, communicate and coordinate the care plan.

Adapted with permission from
www.SPICT.org.uk
University of Edinburgh.