Why use the SPICT™?

SPICT™ helps professionals identify people with general indicators of poor or deteriorating health, and advanced conditions or a new serious illness for assessment and care planning.

SPICT™ looks for changes in health status and increasing care and support needs.
People benefit from palliative care integrated with best available treatment of underlying illness.

Using SPICT™ to assess people's needs and plan care.

■ After an **unplanned hospital admission** or a **decline in health status**: review current care, treatment and medication; discuss future options; plan for managing further deterioration.

■ For people with **poorly controlled symptoms**: review and optimise treatment of underlying conditions, stop medicines not of benefit; use effective symptom control measures.

■ Identify people who are **increasingly dependent on others** due to deteriorating function, general frailty and/or mental health problems for additional care and support.

■ Identify people (and caregivers) with **complex symptoms or other needs**; consider assessment by a specialist palliative care service or another appropriate specialist or service.

■ Assess **decision-making capacity**. Record details of close family/ friends and any POA or proxy for decision-making and involve them if the person's capacity is impaired.

■ Identify people who need proactive, **coordinated care in the community** from the primary care team and/or other community staff and services.

■ Agree, record and share an **Advance/ Anticipatory Care Plan;** include plans for emergency care and treatment if the person's health (or care at home) deteriorates rapidly or unexpectedly.

Talking about future care planning

■ Ask:
- What do you know about your health problems, and what might happen in the future?
- *'What matters'* to you? What are you worried about? What could help with those things?
- Who should be involved in discussions about changes in your future health and care?

■ Talk about:
- Outcomes of hospital admission and treatments such as: IV antibiotics; surgery; interventions for stroke, vascular or cardiac disease; tube or IV feeding; ventilation.
- Treatments that will not work or have a poor outcome for this person. (e.g. CPR)
- A proxy decision maker (POA) in case the person loses capacity in the future.
- Help and support for family/ informal caregivers.

Tips on starting conversations about deteriorating health

- ***I wish*** *we had a treatment for…., but could we talk about what* ***we can do*** *if that's not possible?*
- *I am glad you feel better and* ***I hope*** *you will stay well, but* ***I am worried*** *that you could get ill again…*
- ***Can we talk*** *about how we might manage with* ***not knowing exactly*** *what will happen and when?*
- ***If you*** *were to get less well in the future, what would* ***be important*** *for us to think about?*
- ***Some people*** *want to talk about whether to go to hospital or be cared for at home….*