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| *Your translated text goes after each line in English* |
| SPICT-LIS™ helps identify people in low-income settings with life shortening conditions earlier. Offer the best available, appropriate treatment. Review for unmet palliative care needs. Plan current and future care. |
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| **Look for general indicators of poor or deteriorating health. May have one or more of these indicators.** |
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| * Functional ability is poor or deteriorating. (e.g., person often stays in bed or a chair more than half the day.
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| * Depends on others more for care due to increasing physical and/or mental health problems. Person’s carer needs more help and support.
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| * Progressive weight loss; remains underweight; low muscle mass; weight gain from persistent fluid retention.
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| * Persistent symptoms despite the best available appropriate treatment; cannot access treatment due to costs or distance to travel.
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| * Person wishes to focus on quality of life; chooses to reduce, stop or not have treatment; asks for palliative care.
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| * Unplanned hospital admissions; increased visits to hospital, clinic or health facility with progressive illness or complications.
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| **Look for clinical indicators of life shortening conditions.** |
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| **Cancer** | **Heart or vascular disease** | **Kidney disease** |
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| Progressive or metastatic cancer with symptoms and functional decline. | Heart failure or extensive, untreatable coronary artery disease; breathlessness or chest pain at rest or on minimal effort. | Stage 4 or 5 chronic kidney disease (eGFR <30ml/min) with deteriorating health. |
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| Too frail for cancer treatment. Cancer treatment is for symptoms only, or is not available | Severe, inoperable peripheral vascular disease.  | Kidney failure complicating other life shortening conditions or treatments. |
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|  |  | Stopping or not starting dialysis |
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| **Dementia or frailty** | **Respiratory disease** | **Infections** |
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| Unable to dress, walk or eat without help. | Severe chronic lung disease; breathlessness or chest pain at rest or on minimal effort. | Advanced TB: deteriorating health despite best available TB drug regimen.  |
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| Eating and drinking less; difficulty with swallowing. | Persistent hypoxia needing long term oxygen, if available and appropriate. | HIV: deteriorating health or complications not responding to best available treatment. |
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| Urinary or faecal incontinence | Severe respiratory failure during exacerbations | Other infections not responding to best available treatment and health deteriorating. |
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| Not able to communicate by speaking; little social interaction. | **Kidney disease** | **Surgical conditions and trauma** |
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| Frequent falls; fractured femur. | Stage 4 or 5 chronic kidney disease with deteriorating health.  | Severe burns with predicted poor outcome.  |
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| Recurrent infections; aspiration pneumonia. | Kidney failure complicating other life shortening conditions or treatments. | Serious condition with no feasible access to surgery; condition or health too poor for surgery. |
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| **Neurological disease and stroke** | Stopping or not starting dialysis | Brain injury with clinical deterioration and no benefit from surgical intervention. |
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| Progressive deterioration in physical and/or cognitive function despite available therapy. | **Liver disease** |  |
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| Increasing difficulty speaking and/or progressive swallowing difficulties.  | Cirrhosis with one or more complications in the past year: • diuretic resistant ascites • hepatic encephalopathy • hepatorenal syndrome • bacterial peritonitis • variceal bleeds |  |
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| **Other conditions** |
| Episodes of aspiration pneumonia; breathless or respiratory failure. |  |
|  | Deteriorating with other physical or mental illnesses, multiple conditions and/or complications that are not reversible; best available treatment has a poor outcome.  |
| Ongoing disability with worsening physical and/or mental health after a major stroke or multiple strokes despite best available, appropriate rehabilitation. |  |
|  | **Review current care and care planning.** |
| **Heart or vascular disease**  |  |
|  | * Review current treatment and medication; minimise polypharmacy. Shared decision making about options. Give the best available, appropriate treatments.
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| Heart failure or extensive, untreatable coronary artery disease; breathlessness or chest pain at rest or on minimal effort. |  |
|  | * Review holistic care – symptoms; emotional, social, financial, spiritual needs. Support families and carers.
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| Severe, inoperable peripheral vascular disease |  |
|  | * Consider specialist palliative care (if available) and/or other relevant specialist services when problems are difficult to manage.
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|  | * Agree a current and future care plan with the person/ family. Discuss decision making early if may lose capacity.
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|  | * Record, share and review care plans regularly.
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