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| *Your translated text goes after each line in English* | | |
| **The SPICT-…TM is used to help identify people whose health is deteriorating.  Review unmet palliative care needs. Plan current and future care with them.** | | |
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| **Look for any general indicators of poor or deteriorating health.** | | |
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| * Urgent or emergency hospital admission(s) or visits. | | |
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| * Functional ability is poor or deteriorating, with limited reversibility.  (Person often stays in bed or in a chair for 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. | | |
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| * Persistent symptoms despite optimal treatment of health condition(s). | | |
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| * Person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life. | | |
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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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| Functional ability deteriorating due to progressive cancer. | 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 or treatment is for symptoms. | 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** | **Liver disease** |
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| Unable to dress, walk or eat without help. | Severe, long term lung disease; breathlessness at rest or on minimal effort between exacerbations. | Cirrhosis with one or more complications in the past year:   * diuretic resistant ascites * hepatic encephalopathy * hepatorenal syndrome * bacterial peritonitis * recurrent variceal bleeds |
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| Eating and drinking less; difficulty with swallowing. | Persistent hypoxia needing long term oxygen therapy. | Liver transplant is not possible. |
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| Urinary and faecal incontinence. | Has needed ventilation for respiratory failure or ventilation is contraindicated. |  |
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| Not able to communicate by speaking; little social interaction. |  |  |
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| Frequent falls; fractured femur. |  |  |
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| Recurrent febrile episodes or infections; aspiration pneumonia. |  |  |
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| **Neurological disease** | **Other conditions** | |
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| Progressive deterioration in physical and/or cognitive function despite optimal therapy. | Deteriorating with other physical or mental illnesses, multiple conditions and/or complications that are not reversible; best available treatment has a poor outcome. | |
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| Speech problems with increasing difficulty communicating and/or progressive difficulty swallowing. | **Review current care and care planning.** | |
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| Recurrent aspiration pneumonia; breathless or respiratory failure. | * Review current treatment and medication; minimise polypharmacy. Shared decision making about treatment and care. | |
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| Ongoing disability with worsening physical and/or mental health after a major stroke or multiple strokes. | * Holistic care review – symptoms; emotional, social, financial, spiritual needs. Support families and carers. | |
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|  | * Ask for specialist advice or a review if symptoms or other problems are difficult to manage. | |
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|  | * Agree a current and future care plan with the person and their family. Discuss decision making in the future (e.g., Power of Attorney). | |
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|  | * Record, share and review care plans. | |
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