

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.

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

- Functional ability is poor or deteriorating. (e.g., person often stays in bed or a chair more than half the day.)
- Depends on others more for care due to increasing physical and/or mental health problems.
Person's carer needs more help and support.
- Progressive weight loss; remains underweight; low muscle mass; 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 more life shortening conditions.

Cancer

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

Dementia or frailty

- Unable to dress, walk or eat without help.
- Eating and drinking less; difficulty with swallowing.
- Urinary or faecal incontinence.
- Not able to communicate by speaking; little social interaction.
- 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 disability with worsening physical and/or mental health after a major stroke or multiple strokes despite best available, appropriate rehabilitation.

Heart or 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 and appropriate..
- Severe respiratory failure during exacerbations.

Kidney disease

- Stage 4 or 5 chronic kidney disease with deteriorating health.
- Kidney failure complicating other life shortening 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

Other conditions

- Deteriorating with other physical or mental illnesses, multiple conditions and/or complications that are not reversible; best available treatment has a poor outcome.

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 feasible access to surgery; condition or health too poor for surgery.
- Brain injury with clinical deterioration and no benefit from surgical intervention.

Review current care and care planning.

- Review current treatment and medication; minimise polypharmacy. Shared decision making about options. Give the best available, appropriate treatments.
- Review holistic care – symptoms; emotional, social, financial, functional, spiritual, cultural needs. Support families and carers.
- Consider specialist palliative care (if available) and/or other relevant specialist services when problems are difficult to manage.
- Agree a current and future care plan with person/family. Discuss decision making early if may lose capacity.
- Record, share, and review care plans regularly.