



**The SPICT is used to help identify people whose health is deteriorating. Review unmet palliative care needs. Plan current and future care with them.**

## Look for any general indicators of poor or deteriorating health.

- Urgent or emergency hospital admission(s) or visits.
- Functional ability is poor or deteriorating, with limited reversibility. (eg The person often stays in bed or in a chair for 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.
- Persistent symptoms despite optimal treatment of health condition(s).
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

## Look for clinical indicators of life shortening conditions.

### Cancer

- Functional ability deteriorating due to progressive cancer.
- Too frail for cancer treatment or treatment is for symptoms.

### Dementia or frailty

- Unable to dress, walk or eat without help.
- Eating and drinking less; difficulty with swallowing.
- Urinary and faecal incontinence.
- Not able to communicate by speaking; little social interaction.
- Frequent falls; fractured femur.
- Recurrent febrile illnesses or infections; aspiration pneumonia.

### Neurological disease

- Progressive deterioration in physical and/or cognitive function despite optimal therapy.
- Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.
- Recurrent aspiration pneumonia; breathless or respiratory failure.
- Ongoing disability with worsening physical and/or mental health after a major stroke or multiple strokes

### 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, long term lung disease; breathlessness at rest or on minimal effort between exacerbations.
- Persistent hypoxia needing long term oxygen therapy.
- Has needed ventilation for respiratory failure or ventilation is contraindicated.

### Other conditions

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

### Kidney disease

- Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) 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
  - recurrent variceal bleeds
- Liver transplant is not possible.

## Review current care and care planning.

- Review current treatments and medication; minimise polypharmacy. Shared decision making about treatment and care.
- Review holistic care – symptoms; emotional, social, financial, spiritual needs. Support families and carers.
- Ask for specialist advice or a review if symptoms or other problems are difficult to manage.
- Agree a current and future care plan with the person/family. Discuss future decision making (e.g. Power of Attorney).
- Record, share, and review care plans.

For more on palliative care visit [caresearch.com.au](http://caresearch.com.au)