

**The SPICT™ is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.**

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

- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems.
- The person's carer needs more help and support.
- Progressive weight loss; remains underweight; low muscle mass.
- Persistent symptoms despite optimal treatment of underlying 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 one or multiple life-limiting conditions.**

## Cancer

Functional ability deteriorating due to progressive cancer.

Too frail for cancer treatment or treatment is for symptom control.

## Dementia/ 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 episodes 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.

Persistent paralysis after stroke with significant loss of function and ongoing disability.

## Heart/ vascular disease

Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.

Severe, inoperable peripheral vascular disease.

## Respiratory disease

Severe, chronic lung disease; with 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 and at risk of dying with other conditions or complications that are not reversible; any treatment available will have a poor outcome.

## Kidney disease

Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.

Kidney failure complicating other life limiting 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 treatment and medication to ensure the person receives optimal care; minimise polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family. Support family carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, communicate and coordinate the care plan.

## Why use the SPICT™?

The SPICT™ helps professionals identify people with general indicators of poor or deteriorating health and clinical signs of life-limiting conditions for assessment and care planning.

What will happen to each person and when is often uncertain. SPICT™ looks at health status not a prognostic time frame. Identifying people with deteriorating health earlier improves care.

## 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 contacted and how urgently if your health deteriorates?
- Talk about:
  - The 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. (eg. CPR)
  - POA or proxy for decision-making 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....