University of St Andrews

Supportive and Palliative Care Indicators Tool (SPICT)

CARESEARCH® palliative care knowledge network

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.

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.

Other conditions

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

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

Please register on the SPICT website (www.spict.org.uk) for information and updates.

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The SPICT helps us to look for people who have life shortening health conditions and are less well. These people need more help and care now, and a plan for care in the future. Ask these questions:

Does this person have signs of poor health or health problems that are getting worse?

- ☐ Urgent or emergency hospital admission(s) or visits.
- ☐ Less able to manage usual activities; not as well as they used to be. (The person often stays in bed or in a chair for more than half the day).
- ☐ Needs more help and care from others due to increasing physical and/ or mental health problems. The person's carer needs more help and support.
- ☐ Has clearly lost weight over the last few months; or stays too thin.
- ☐ Has troublesome symptoms most of the time despite good treatment of their health problems.
- ☐ The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

Does this person have any of these health problems?

Cancer

- ☐ Less able to manage usual activities; health is getting poorer.
- ☐ Not well enough for cancer treatment or treatment is to help with symptoms.

Dementia or frailty

- ☐ Unable to dress, walk or eat without help.
- ☐ Eating and drinking less; difficulty with swallowing.
- ☐ Has poor control of bladder and bowels.
- ☐ Not able to communicate by speaking; not responding much to other people.
- ☐ Frequent falls; fractured hip.
- ☐ Frequent infections; pneumonia.

Nervous system problems

(e.g., Parkinson's disease, stroke, motor neurone disease)

- ☐ Physical and mental health are getting worse.
- ☐ More problems with speaking and communicating; swallowing is getting worse.
- ☐ Chest infections or pneumonia; breathing problems.
- ☐ Ongoing disability with increasing physical and/or mental health problems after one or more strokes.

Heart or circulation problems

- ☐ Heart failure or heart blood vessel disease. Short of breath when resting, moving or walking a few steps.
- ☐ Leg problems due to poor blood circulation; surgery is not possible.

Lung problems

- ☐ More unwell with long term lung problems. Short of breath when resting, moving or walking a few steps even when the chest is at its best.
- ☐ Needs to use oxygen for most of the day and night.
- ☐ Has needed treatment with a breathing machine in hospital.

Kidney problems

- ☐ Kidneys are not working well; general health is getting poorer.
- ☐ Stopping kidney dialysis or choosing palliative care instead of starting dialysis.

Liver problems

- ☐ Worsening liver problems in the past year with complications like:
  - fluid building up in the belly
  - being confused at times
  - kidneys not working well
  - infections
  - bleeding from the gullet
- ☐ A liver transplant is not possible.

Other conditions

- ☐ People who are less well with other life shortening physical or mental illnesses or health conditions. There is no treatment available or it will not work well.

What we can do to help this person and their family.

- ☐ Start talking with the person and their family or carer about help needed now and why making plans is important in case things change.
- ☐ Ask for help and advice from a nurse, doctor, social worker or other staff if the person or family needs a review of their care and support.
- ☐ We look at the person's medicines and other treatments to give the best care. Holistic care includes symptoms, emotional, social, financial, or spiritual problems.
- ☐ Ask for specialist help if symptoms or problems are difficult to manage.
- ☐ Care plans are shared with staff who need to see them and kept up to date.

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