What is the SPICT™ (Supportive & Palliative Care Indicators Tool)?

The SPICT™ has 6 general indicators of deteriorating health and clinical signs of advanced, progressive, underlying conditions. It helps professionals identify people for care planning.

People identified with SPICT™ are at risk of deteriorating and dying. What will happen to each person and when is often uncertain. SPICT™ does not give a 'prognosis' or a time frame.

SPICT™ in the community: how to assess people's needs and plan care.

■ After an **unplanned hospital admission** or a **decline in health status**: review current care and treatment, discuss goals and future options; make plans 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 performance status and/or mental health for additional care to reduce avoidable admissions.

■ Identify people with **increasing need for proactive, coordinated care** from primary care team members and other community services.

■ Identify people (and carers) with more **complex symptoms or other needs** and 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 registered 'Power of Attorney' (POA). Involve them in decision-making if the person's capacity is impaired

■ Agree, record and share an **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; acute stroke, vascular or cardiac interventions; tube or IV feeding; ventilation.
- Treatments that will not work or have a poor outcome for this person. (eg. CPR)
- Appointing a 'POA' in case the person's decision-making capacity is lost in the future.
- Help and support for family/ informal carers.

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 cope 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 for treatment or be cared for at home….*

Supportive and Palliative Care Indicators Tool (SPICT™)

The SPICT™ is a guide to identifying people at risk of deteriorating health and dying. Assess these people for unmet supportive and palliative care needs.

Look for two or more general indicators of deteriorating health.

- Performance status is poor or deteriorating (the person is in bed or a chair for 50% or more of the day); reversibility is limited.
- Dependent on others for most care needs due to physical and/or mental health problems.
- Two or more unplanned hospital admissions in the past 6 months.
- Significant weight loss (5-10%) over the past 3-6 months, and/ or a low body mass index.
- Persistent, troublesome symptoms despite optimal treatment of underlying condition(s).
- Patient asks for supportive and palliative care, or treatment withdrawal.

Look for any clinical indicators of one or more advanced conditions

Cancer

Functional ability deteriorating due to progressive metastatic cancer.

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

Dementia/ frailty

Unable to dress, walk or eat without help.

Eating and drinking less; swallowing difficulties.

Urinary and faecal incontinence.

No longer able to communicate using verbal language; little social interaction.

Fractured femur; multiple falls.

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 swallowing difficulties.

Recurrent aspiration pneumonia; breathless or respiratory failure.

Heart/ vascular disease

NYHA Class III/IV heart failure, or extensive, untreatable coronary artery disease with:

- breathlessness or chest pain at rest or on minimal exertion.

Severe, inoperable peripheral vascular disease.

Respiratory disease

Severe chronic lung disease with:

- breathlessness at rest or on minimal exertion between exacerbations.

Needs 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 limiting conditions or treatments.

Stopping dialysis.

Liver disease

Advanced cirrhosis with one or more complications in past year:

- diuretic resistant ascites
- hepatic encephalopathy
- hepatorenal syndrome
- bacterial peritonitis
- recurrent variceal bleeds

Liver transplant is contraindicated.

Review supportive and palliative care and care planning

- Review current treatment and medication so the patient receives optimal care.
- Consider referral for specialist assessment if symptoms or needs are complex and difficult to manage.
- Agree current and future care goals, and a care plan with the patient and family.
- Plan ahead if the patient is at risk of loss of capacity.
- Record, communicate and coordinate the care plan.

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

SPICT™, April 2015