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# Acute Care

## Practical tools and resources supporting end-of-life care in hospital settings

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# Supporting hospital patients with palliative care needs

## Acute care pack contents

When a cure is not possible, it's appropriate to pivot to providing palliative care with its focus on quality of life. Increasing demands on hospitals for end-of-life care means all health professionals will need to help with palliative care.

This resource pack will assist you and your team in caring for hospital patients approaching the end of their life, their families and caregivers.

### A guide to using CareSearch for hospital-based health professionals

Find the most relevant information for those working in a hospital setting.

### Prognostication and triage tools list

A list of freely available tools to help identify patients with palliative care needs in the acute care setting.

### Recognising the need for palliative care: Tools to help you identify changes

The SPICT tools can be used to systematically assess for deterioration in a person's health and to identify unmet supportive and palliative care needs.

- SPICT Tool
- SPICT4ALL Tool

### Communication tools

Communication with patients at the end of life is essential for planning and decision-making but it can be challenging. These forms help to initiate conversations.

- The Nurse Mnemonic
- SPIKES: A six-step protocol for delivering bad news

### Detecting delirium

Delirium is common in palliative care patients and may be reversible, but it is often undiagnosed. The Confusion Assessment Method (CAM) Shortened Version Worksheet can be used with older people to determine if they should be assessed.

**To obtain further copies of this pack or other resource packs developed by CareSearch**
Download or order printed copies at caresearch.com.au/resourcepacks

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# A guide to using CareSearch for hospital-based clinicians

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**Half of all deaths in Australia occur in a hospital. All health professionals need skills in palliative care with its focus on quality of life.** CareSearch can help you to provide palliative care with practical evidence-based information about:

- Key guidelines for palliative care within the acute care setting, including your responsibilities as a health professional.
- Recognising the need for palliative care with the use of validated tools.
- Responding to patient needs as their physical, psychosocial, cultural, and spiritual care needs change over time.
- Searching for evidence to answer clinical and service-related questions.
- Planning for providing palliative care that integrates with local processes to ensure smooth patient transitions and coordination of care.
- Teamwork and referral to other providers for optimal patient care.
- Effective communication and shared decision-making skills to make sure patients and their family are informed and included.
- Supporting families and carers through grief and bereavement care.

For more resources visit CareSearch Acute care

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# Palliative Care Prognosis and Triage Tools

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These tools assist health professionals in the acute setting to identify patients with palliative care needs. They support but do not replace clinical judgement and effective use requires collaboration and a multidisciplinary approach.

## Triage

### RUN-PC

Responding to Urgency of Need in Palliative Care (RUN-PC) is an online triage calculator that aids in prioritising patient referral to specialist palliative care services.

- For inpatient unit setting, hospital consultation setting, or community setting.
- Based on 7 items across physical, psychosocial, and caregiver domains.
- Takes approximately 5 minutes to complete.

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### SPEED

Screen for Palliative and End-of-life care needs in the Emergency Department (SPEED).

- For patients with cancer in the emergency department setting.
- Based on 13 questions across: social, therapeutic, physical, psychological, and spiritual symptom domains.

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## Prognosis

### The Surprise Question

Would you be surprised if your patient died in the next 6 to 12 months?

- For identification of changing needs in patients with advanced disease or progressive life limiting conditions.
- Single question.

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## SPICT / SPICT4ALL

Supportive and Palliative Care IndicatorsTool (SPICT) helps identify people with one or more general indicators of poor or deteriorating health and clinical signs of life-limiting conditions for assessment and care planning.

- Comprises 6 general indicators of deteriorating health and increasing care needs, including trigger events.
- Takes approximately 5 – 9 minutes to complete.
- SPICT4ALL is a plain language version of SPICT.

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## NAT-PD

Needs Assessment Tool: Progressive Disease (NAT-PD) is for both generalist and specialist settings. The tool can assist in matching the types and levels of need experienced by people with progressive chronic diseases (e.g. cancer, heart failure, COPD) and their caregivers with the most appropriate people or services to address those needs.

- Comprises 73 questions that can be completed by health professionals across a range of disciplines.

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## Gold Standards Framework - Proactive Identification Guidance (GSF-PIG)

This stepped framework helps clinicians to identify patients early based on general and condition specific indicators, assess needs and wishes, and plan care tailored to the patients' choices.

- It uses 3 triggers to identify patients nearing end of life: Surprise Question; general indicators of decline; and specific clinical indicators related to certain conditions.
- Helps with predicting needs. Not an exact prognostication.

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## AKPS

The Australian-modified Karnofsky Performance Scale (AKPS) is a measure of a patient's overall ability to undertake activities of daily living. In advanced cancer this has prognostic significance.

- A single score between 10 and 100 is assigned by a clinician, based on observing a patient's ability to perform everyday activity, work and self-care tasks.
- A score of less than 40 correlates to a median survival of around 3 months for patients with advanced cancer.

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# Supportive and Palliative Care Indicators Tool (SPICT™)

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## 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. ☐

### 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. ☐

### Other conditions

- Deteriorating with other conditions, multiple conditions and/or complications that are not reversible; any treatment available will have a poor outcome. ☐

## 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 carers. ☐
- Plan ahead early if loss of decision-making capacity is likely. ☐
- Record, share, and review care plans. ☐

For more on palliative care visit www.caresearch.com.au

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

SPICT™, 2022

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# Supportive and Palliative Care Indicators Tool (SPICT-4ALL™)

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**The SPICT™ helps us to look for people who are less well with one or more health problems. 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?

- Unplanned (emergency) admission(s) to hospital. ☐
- General health is poor or getting worse; the person never quite recovers from being more unwell. (This means the person is less able to manage day to day life and often stays in bed or in a chair for more than half the day). ☐
- Needs help from others for care 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 getting poorer. ☐
- Not well enough for cancer treatment or treatment is to help with symptoms. ☐

### Dementia/frailty

- Unable to dress, walk or eat without help. ☐
- Eating and drinking less; difficulty with swallowing. ☐
- Has lost 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

(eg Parkinson's disease, MS, 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. ☐
- Severe stroke with loss of movement and ongoing disability. ☐

### Heart or circulation problems

- Heart failure or has bad attacks of chest pain. Short of breath when resting, moving or walking a few steps. ☐
- Very poor circulation in the legs; surgery is not possible. ☐

### Lung problems

- 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 the hospital. ☐

### Other conditions

- People who are less well and may die from other health problems or complications. There is no treatment available or it will not work well. ☐

### Kidney problems

- Kidneys not working well; general health is getting poorer. ☐
- Stopping kidney dialysis or choosing supportive 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. ☐

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

- Start talking with the person and their family about any help needed now and why making plans for care is important in case things change. ☐
- Ask for help and advice from a nurse, doctor or other professional who can assess the person and their family and help plan care. ☐
- We can look at the person's medicines and other treatments to make sure we are giving them the best care or get advice from a specialist if problems are complicated or hard to manage. ☐
- We need to plan early if the person might not be able to decide things in the future. ☐
- We make a record of the care plan and share it with people who need to see it. ☐

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

SPICT-4ALL™ 2023

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# Communication Models

# Responding to emotional cues

## The NURSE mnemonic

### N - Name it

*"...it sounds like you've been worried about what's going on..."*

### U - Understand the core message:

*"...if I understand you correctly, you are worried about what to say to your family and how they will react..."*

### R - Respect /Reassurance at the right time:

*"...I'm really impressed that you've continued to be independent ...".*

### S - Support:

*"... would you like me to talk to your family about this..."*

### E - Explore:

*"... I notice that you're upset, can you tell me what you're thinking?"*

The NURSE mnemonic has been reproduced from Back A, Arnold R, Tulsky J. Mastering communication with seriously ill patients: balancing honesty with empathy and hope. Cambridge University Press; 2009 Mar 2.

SCAN ME

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# Communication Models
# SPIKES: A six-step protocol for delivering bad news

## The SPIKES protocol

**S -** **Set up the interview:** Plan ahead for details such as being sure that you are in a private, comfortable setting, that significant others are involved (if the patient wants that), and that your pager is silenced.

**P -** **Assess the patient's perception:** As described earlier, before you begin an explanation, ask the patient open-ended questions to find out how he or she perceives the medical situation. In this way you can correct any misunderstanding the patient has and tailor the news to the patient's understanding and expectations.

**I -** **Obtain the patient's invitation:** Find out how much detailed information the patient wants regarding diagnosis and prognosis.

**K -** **Give knowledge and information to the patient:** Communicate in ways that help the patient process the information. For example, preface your remarks with a phrase such as, *"I'm sorry to tell you that ..."* or *"Unfortunately I have some bad news to tell you."* Use plain language and avoid medical jargon: use the word *"spread"* instead of *"metastasized,"* for instance. Provide information in small amounts, use short sentences, and check periodically for understanding.

**E -** **Address the patient's emotions with empathic responses:** As described earlier, identify the patient's primary emotion and express that you recognize that what the patient is feeling is a result of the information received. This is the place to use continuer statements such as *"I can imagine how scary this must be for you."*

**S -** **Strategy and summary:** Present treatment or palliative care options, being sure to align your information with what you ascertained (during the assessment of the patient's perceptions) to be the patient's knowledge, expectations, and hopes. Providing a clear strategy will lessen the patient's anxiety and uncertainty.

*The SPIKES Protocol has been reproduced from Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP. SPIKES—a six-step protocol for delivering bad news: application to the patient with cancer. The oncologist. 2000 Aug 1;5(4):302-11.*

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# Detecting delirium: Confusion Assessment Method (CAM) Shortened Version Worksheet

**Name of client/resident:** **Date of birth:**

Date: / / Time:

## I. ACUTE ONSET AND FLUCTUATING COURSE

BOX 1

a) Is there evidence of an acute change in mental status from the patient's baseline? ○ No ○ Yes

b) Did the (abnormal) behaviour fluctuate during the day, that is tend to come and go or increase and decrease in severity? ○ No ○ Yes

## II. INATTENTION

Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said? ○ No ○ Yes

## III. DISORGANISED THINKING

BOX 2

Was the patient's thinking disorganised or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject? ○ No ○ Yes

## IV. ALTERED LEVEL OF CONSCIOUSNESS

Overall, how would you rate the patient's level of consciousness?

Alert (normal) ☐

BOX 3

Vigilant (hyperalert) ☐
Lethargic (drowsy, easily aroused) ☐
Stupor (difficult to arouse) ☐
Coma (unarousable) ☐

Do any checks appear in BOX 3? ○ No ○ Yes

**If all items in BOX 1 are ticked and at least one item in BOX 2 is ticked a diagnosis of delirium is suggested.**

Adapted with permission from: Inouye SK, vanDyck CH, Alessi CA, Balkin S, Siegal AP, Horwitz RI. Clarifying confusion: The Confusion Assessment Method. A new method for detection of delirium. Ann Intern Med. 1990; 113: 941-948.

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