This resource was developed by Catholic Care of the Aged with funding granted by the Department of Health and Ageing under the 'Local Palliative Care Grants Program' – Round 1 with permission from the original Authors

The Palliative Approach in Advanced Chronic Disease
Quality of Life Discussion Tool

Explanatory Notes: This tool is aimed at supporting Clinical Practitioners in their discussions with care recipients and their families, regarding quality of life and the different levels of care that may be considered, as an elderly person reaches the advanced stages of their disease trajectory.

Discussion needs to encompass:

- The prospective burdens or benefits of care options associated with the disease trajectory
- Cardio-pulmonary resuscitation (discussion around what activities may be included in CPR)
- Care recipient wishes for their lives (if cognitively able)

Molloy Level of Care	What may occur at this level
Intensive Level of Care	▪ Transfer to acute hospital without hesitation ▪ Admit to intensive care if necessary, provide full life support. ▪ Insert central line (i.e. main arteries for fluids when veins collapse) ▪ Provide surgery (including transplant), biopsies & blood transfusion ▪ Do everything possible to maintain life
Surgical Level of Care (Includes Limited Level of Care)	▪ Transfer to acute hospital (where patient may be evaluated) ▪ Emergency surgery (if necessary for quality of life) ▪ Do not admit to ICU (unless necessary for quality of life) ▪ Do not for ventilate (except during and after surgery)
Limited Level of Care (Includes Comfort Level of care) **(Palliative Approach)**	▪ May or may not be transferred to hospital ▪ IV therapy may be appropriate ▪ Antibiotic use may be limited ▪ A trial of appropriate drugs may be used ▪ No invasive procedures (e.g. PEG tubes) ▪ Do not transfer to ICU
Comfort Level of Care **(Palliative Care)**	▪ Focus on comfort, warmth, hygiene and pain free. ▪ Do not transfer to hospital unless absolutely necessary ▪ Only give measures that enhance comfort or minimise pain ▪ IV line started only if it improves comfort ▪ No X-rays, blood tests or antibiotics unless they are given to improve comfort

Molloy Level of Care Model sourced & adapted with permission from: D. William Molloy (2004) "Let me Decide. The Health and Personal Care Directive that speaks for you when you can't" 2nd British Colombia Edition p63 of 80

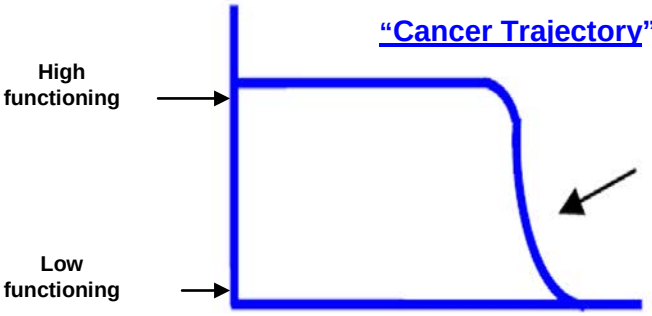
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The Palliative Approach in Advanced Chronic Disease
Prognostication Discussion Tool

This tool is aimed at assisting Clinical Practitioners with explaining to care recipients and their families the typical trajectories experienced by the diseases most often found in the elderly population of today.

Disease trajectories of the elderly

"Cancer Trajectory"



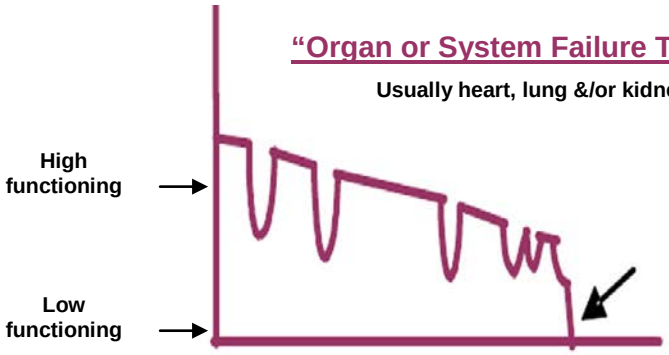
Onset or relapse of incurable cancer / malignancy → **Life span-often a few years but the decline to the end of life is often under 2 months**

Cancer Trajectory, characterised by:

- *Can remain quite well then a sudden deterioration towards the end-of-life.*
- *Symptom deterioration often requires specialist support and management.*
- *Hospice often utilised for advanced symptom management & specialist care.*

"Organ or System Failure Trajectory"

Usually heart, lung &/or kidney failure



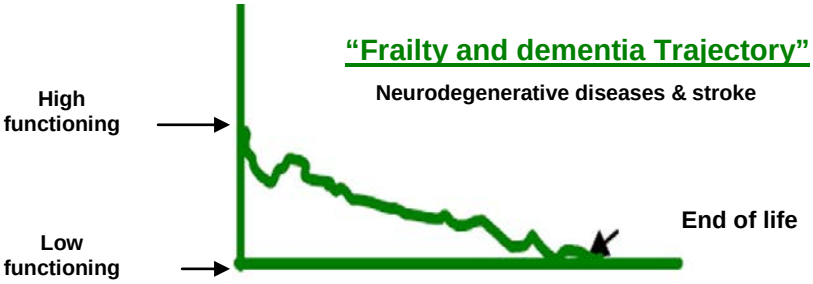
Progression of chronic disease that leads to increased use of hospital & emergency services for acute episodes → **Life span can be from 2-5 years, so end of life often not anticipated, death can appear quite 'sudden'**

Trajectory of organ or system failure, characterised by:

- *Gradual decline in health often with acute episodes (dips) where death may occur.*
- *Active management of acute episodes continues to ensure quality of life.*
- *Acute treatment eventually becomes futile - palliative care is required in own home setting where possible*
- *Specialist services called in if needed, focus is quality of daily living.*

"Frailty and dementia Trajectory"

Neurodegenerative diseases & stroke



Neurodegenerative disease, frailty, stroke or dementia can lead to deficits in self help ability, communication, memory, speech muscle tone and ambulation, followed by cessation of eating and drinking. → **Life span quite variable may be up to 6-8 years to end of life with final stage being weeks or sometimes months.**

Trajectory of neurodegenerative diseases, stroke and dementia, characterised by:

- *Very slow 'dwindling' of life often with poor quality and sometimes obvious discomfort..*
- *. Individual may experience loss of appetite, thirst, communication and mobility.*
- *Focus on maximum comfort with sensory care- tactile, taste, smell, hearing. Final stage can last for weeks so can be a big strain on family and carers.*

***Trajectories Model sourced and adapted with permission from*: ©Gold Standards Framework Programme England 2005**