

Supportive & Palliative Care Indicators Tool

1. Ask

Would it be a surprise if this patient died in the next 6-12 months?

No

2. Look for two or more general clinical indicators

Performance status poor (limited self care; in bed or chair over 50% of the day) or deteriorating.

Progressive weight loss (>10%) over the past 6 months.

Two or more unplanned admissions in the past 6 months.

A new diagnosis of a progressive, life limiting illness.

Two or more advanced or complex conditions (multi-morbidity).

Patient is in a nursing care home or NHS continuing care unit; or needs more care at home.

3. Now look for two or more disease related indicators

Heart disease

NYHA Class III/IV heart failure, severe valve disease or extensive coronary artery disease.

Breathless or chest pain at rest or on minimal exertion.

Persistent symptoms despite optimal tolerated therapy.

Systolic blood pressure < 100mmHg and /or pulse > 100.

Renal impairment (eGFR < 30 ml/min).

Cardiac cachexia.

Two or more acute episodes needing intravenous therapy in past 6 months.

Kidney disease

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

Conservative kidney management due to multi-morbidity.

Deteriorating on renal replacement therapy with persistent symptoms and/or increasing dependency.

Not starting dialysis following failure of a renal transplant.

New life limiting condition or kidney failure as a complication of another condition or treatment.

Respiratory disease

Severe airways obstruction (FEV1 < 30%) or restrictive deficit (vital capacity < 60%, transfer factor < 40%).

Meets criteria for long term oxygen therapy (PaO₂ < 7.3 kPa).

Breathless at rest or on minimal exertion between exacerbations.

Persistent severe symptoms despite optimal tolerated therapy.

Symptomatic right heart failure.

Low body mass index (< 21).

More emergency admissions (> 3) for infective exacerbations or respiratory failure in past year.

Liver disease

Advanced cirrhosis with one or more complications:

- intractable ascites
- hepatic encephalopathy
- hepatorenal syndrome
- bacterial peritonitis
- recurrent variceal bleeds

Serum albumin < 25g/l and prothrombin time raised or INR prolonged (INR > 2).

Hepatocellular carcinoma.

Not fit for liver transplant.

Cancer

Performance status deteriorating due to metastatic cancer and/ or co-morbidities.

Persistent symptoms despite optimal palliative oncology treatment or too frail for oncology treatment.

Neurological disease

Progressive deterioration in physical and/or cognitive function despite optimal therapy.

Symptoms which are complex and difficult to control.

Speech problems with increasing difficulty communicating and/or progressive dysphagia.

Recurrent aspiration pneumonia; breathless or respiratory failure.

Dementia

Unable to dress, walk or eat without assistance; unable to communicate meaningfully.

Worsening eating problems (dysphagia or dementia related) - now needing pureed/ soft diet or supplements.

Recurrent febrile episodes or infections; aspiration pneumonia.

Urinary and faecal incontinence.

4. Assess patient & family for supportive & palliative care needs. Review treatment/ medication. Plan care. Consider patient for general practice palliative care register.