



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

## Look for general indicators of deteriorating health.

- Unplanned hospital admissions.
- Performance status is poor or deteriorating, with limited reversibility; (person is in bed or a chair for 50% or more of the day).
- Dependent on others for care due to physical and/or mental health problems.
- More support for the person's carer is needed.
- Significant weight loss over the past 3-6 months, and/ or a low body mass index.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- Person or family ask for palliative care, treatment withdrawal/limitation or a focus on quality of life.

## Look for clinical indicators of one or more advanced 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; 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.

Deteriorating and at risk of dying with any other condition or complication that is not reversible.

### 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 current care and care planning.

- Review current treatment and medication so the person 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 person and their family.
- Plan ahead if the person is at risk of loss of capacity.
- Record, communicate and coordinate the care plan.