

Supportive & Palliative Care Indicators Tool (SPICT)

1. Look for two or more general clinical indicators

Two or more unplanned hospital admissions in the past 6 months.

Performance status deteriorating

(needs help with personal care, in bed or chair for 50% or more of the day).

Unplanned weight loss (5 - 10%) over the past 3 - 6 months and/or body mass index < 20.

A new event or diagnosis that is likely to reduce life expectancy to less than a year.

Persistent symptoms despite optimal treatment of advanced illness.

Lives in a nursing care home or NHS continuing care unit; or needs a care package at home.

2. Now look for two or more clinical indicators of advanced, progressive illness

Advanced heart/ vascular disease

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

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

Severe, inoperable peripheral vascular disease.

Advanced kidney disease

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

Kidney failure as a recent complication of another condition or treatment.

Stopping dialysis.

Advanced 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.

Advanced respiratory disease

Severe chronic obstructive pulmonary disease (FEV1<30%) or severe pulmonary fibrosis

- breathless at rest or on minimal exertion between exacerbations.

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

Has needed ventilation for respiratory failure.

Advanced liver disease

Advanced cirrhosis with one or more complications in past year:

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

Serum albumin < 25g/l, INR prolonged (INR > 2).

Liver transplant is contraindicated.

Advanced neurological disease

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

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

Recurrent aspiration pneumonia; breathless or respiratory failure.

Advanced dementia/ frailty

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

Needing assistance with feeding/ maintaining nutrition.

Recurrent febrile episodes or infections; aspiration pneumonia.

Urinary and faecal incontinence.

Fractured neck of femur.

3. Ask

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

No

4. Assess and plan

Assess patient and family for unmet needs.

Review treatment / care plan; and medication.

Discuss and agree care goals with patient and family.

Consider using GP register to coordinate care in the community.

Handover: care plan, agreed levels of intervention, CPR status.