

Identifying patients for supportive, palliative and advance care planning

1 ASK - Would it be a surprise if this patient died in the next 6 months?
If NO go to section 4

2 If unsure consider the following: 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 - If YES go to section 4

Heart Disease	Kidney Disease	Respiratory Disease	Liver Disease	Cancer	Neurological Disease	Dementia
<p>NYHA Class III/IV heart failure, severe valve or coronary artery disease.</p> <p>Breathless or chest pain at rest or on minimal exertion.</p> <p>Persistent symptoms despite optimal tolerated therapy.</p> <p>Systolic blood pressure <100mmHg and /or pulse > 100.</p> <p>Renal impairment (eGFR < 30 ml/min).</p> <p>Cardiac cachexia.</p> <p>>1 acute episodes needing IV therapy in past 6 months.</p>	<p>Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min).</p> <p>Conservative renal management due to multi-morbidity.</p> <p>Deteriorating on renal replacement therapy with persistent symptoms and/or increasing dependency.</p> <p>Not starting dialysis following failure of a renal transplant.</p> <p>New life limiting condition or kidney failure as a complication of another condition</p>	<p>Severe airways obstruction (FEV1 < 30%) or restrictive deficit (vital capacity < 60%, transfer factor < 40%).</p> <p>Meets criteria for long term oxygen therapy (PaO2 < 7.3 kPa).</p> <p>Breathless at rest or on minimal exertion between exacerbations.</p> <p>Persistent severe symptoms despite optimal tolerated therapy.</p> <p>Symptomatic right heart failure.</p> <p>Low body mass index (< 21).</p> <p>> 3 emergency admissions for infective exacerbations or respiratory failure in past year.</p>	<p>Advanced cirrhosis with one or more complications:</p> <ul style="list-style-type: none"> • intractable ascites • hepatic encephalopathy • hepatorenal syndrome • bacterial peritonitis • recurrent variceal bleeds <p>Serum albumin < 25g/l and prothrombin time raised or INR prolonged (INR > 2).</p> <p>Hepatocellular carcinoma.</p> <p>Not fit for liver transplant.</p>	<p>Performance status deteriorating due to metastatic cancer and/ or co-morbidities.</p> <p>Persistent symptoms despite optimal palliative oncology treatment or too frail for treatment.</p>	<p>Progressive deterioration in physical and/or cognitive function despite optimal therapy.</p> <p>Symptoms which are complex and difficult to control.</p> <p>Progressive speech problems difficulty communicating and/or progressive dysphagia.</p> <p>Recurrent aspiration pneumonia; breathless or respiratory failure.</p>	<p>Unable to dress, walk or eat without assistance; unable to communicate meaningfully.</p> <p>Worsening eating problems (dysphagia or dementia related) needing pureed/ soft diet or supplements.</p> <p>Recurrent febrile episodes or infections; aspiration pneumonia.</p> <p>Urinary and faecal incontinence.</p>

4 If patient condition fits these criteria:

- Assess patient, family and dependents, including children, for supportive & palliative care needs.
- Review treatment and medication priorities.
- Consider patient for general practice palliative care register.
- Consider advance care plan discussions with patient and family.