

**The SPICT™ is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.**

## Look for any general indicators of poor or deteriorating health.

- Unplanned hospital admission(s). ☐
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.) ☐
- Depends on others for care due to increasing physical and/or mental health problems. The person's carer needs more help and support. ☐
- Progressive weight loss; remains underweight; low muscle mass. ☐
- Persistent symptoms despite optimal treatment of underlying condition(s). ☐
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life. ☐

## Look for clinical indicators of one or multiple life-limiting 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; difficulty with swallowing. ☐
- Urinary and faecal incontinence. ☐
- Not able to communicate by speaking; little social interaction. ☐
- Frequent falls; fractured femur. ☐
- 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 difficulty with swallowing. ☐
- Recurrent aspiration pneumonia; breathless or respiratory failure. ☐
- Persistent paralysis after stroke with significant loss of function and ongoing disability. ☐

### Heart/ vascular disease

- Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort. ☐
- Severe, inoperable peripheral vascular disease. ☐

### Respiratory disease

- Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations. ☐
- Persistent hypoxia needing long term oxygen therapy. ☐
- Has needed ventilation for respiratory failure or ventilation is contraindicated. ☐

### Other conditions

- Deteriorating with other conditions, multiple conditions and/or complications that are not reversible; best available treatment has a poor outcome. ☐

### 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 or not starting dialysis. ☐

### Liver disease

- Cirrhosis with one or more complications in the past year:
  - diuretic resistant ascites
  - hepatic encephalopathy ☐
  - hepatorenal syndrome
  - bacterial peritonitis
  - recurrent variceal bleeds
- Liver transplant is not possible. ☐

## Review current care and care planning.

- Review current treatment and medication to make sure the person receives optimal care; minimise polypharmacy. ☐
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage. ☐
- Agree a current and future care plan with the person and their family/people close to them. Support carers. ☐
- Plan ahead early if loss of decision-making capacity is likely. ☐
- Record, share, and review care plans. ☐