

Using the SPICT™ Tool (March 2015 version) as a trigger for resuscitation planning

What is the Supportive and Palliative Care Indicators Tool (SPICT™)?

SPICT™ is a guide describing clinical signs that can help identify patients who are at risk of deteriorating and dying from one or more advanced conditions (www.spict.org.uk). SPICT™ combines indicators of advanced conditions with general indicators of deteriorating health.

How can it be used?

SPICT™ is a useful guide for clinicians, to:

- > prompt consistent recognition of patients who are at risk of dying within 12 months.
- > trigger a review of patients with advanced conditions, multiple comorbidities or general frailty, especially if they have had multiple hospital admissions
- > trigger a conversation with patients and their families about goals of care, their priorities and values at this time of life, and to assess and plan supportive and palliative care needs
- > identify patients for whom decisions about the treatment of an acute illness with limited reversibility are required, and whose medical treatments might be limited to 'ward measures'
- > identify patients for whom a cardiopulmonary resuscitation (CPR) attempt would not be beneficial, and who require a Resuscitation Plan- 7 Step Pathway
- > identify patients who have complex needs and require extra supports in the community, including specialist palliative care assessment.

SPICT™ criteria are met when there are at least two indicators of deteriorating health and at least one indicator of an advanced condition.

Example: A 65 year old man lives at home with his wife. He presents to his local hospital Emergency Department (ED) with severe breathlessness related to an acute exacerbation of chronic obstructive pulmonary disease (COPD). He is already on optimal medical management for his condition. This is his third admission in six months for the same reason. He normally walks with a four wheeled walker at home and uses a shower chair. Rails have been installed in the bathroom. He can walk short distances around the house slowly but requires a wheelchair outdoors because he is breathless and fatigued. His wife does all the household chores because he is unable.

This man meets the SPICT™ criteria as follows:

A. Two or more indicators of deteriorating health:

- Performance status poor or deteriorating with limited reversibility; is in bed or chair for **50% or more of the day**.
- **Two or more unplanned hospital admissions in the past six months.**
- **Persistent, troublesome symptoms (breathlessness and fatigue)** despite optimal therapy of his underlying condition.

B. Clinical indicators of advanced conditions:

- **Unable to dress, walk or eat without help.**
- **Severe chronic lung disease with breathlessness at rest or on minimal exertion between exacerbations.**

For more information go to <http://www.spict.org.uk/using-spict/>



Supportive and Palliative Care Indicators Tool (SPICT™)



The SPICT™ is a guide to identifying people at risk of deteriorating and dying. Assessment of unmet supportive and palliative care needs may be appropriate.

Look for two or more general indicators of deteriorating health.

- Performance status poor or deteriorating, with limited reversibility. (needs help with personal care, in bed or chair for 50% or more of the day).
- Two or more unplanned hospital admissions in the past 6 months.
- Weight loss (5 - 10%) over the past 3 - 6 months and/or body mass index < 20.
- Persistent, troublesome symptoms despite optimal treatment of any underlying condition(s).
- Lives in a nursing care home or NHS continuing care unit, or needs care to remain at home.
- Patient requests supportive and palliative care, or treatment withdrawal.

Look for any clinical indicators of advanced conditions

Cancer

Functional ability deteriorating due to progressive metastatic cancer.

Too frail for oncology treatment or treatment is for symptom control.

Dementia/ frailty

Unable to dress, walk or eat without help.

Choosing to eat and drink less; difficulty maintaining nutrition.

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 dysphagia.

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.

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.

Supportive and palliative care planning

- Review current treatment and medication so the patient receives optimal care.
- Consider referral for specialist assessment if symptoms or needs are complex and difficult to manage.
- Agree current and future care goals/ plan with the patient and family.
- Plan ahead if the patient is at risk of loss of capacity.
- Handover: care plan, agreed levels of intervention, CPR status.
- Coordinate care (eg. with a primary care register).