

**The SPICT is used to help identify people whose health is deteriorating.
Review unmet palliative care needs. Plan current and future care with them.**

Look for any general indicators of poor or deteriorating health.

- Urgent or emergency hospital admission(s) or visits.
- Functional ability is poor or deteriorating, with limited reversibility.
(eg The person often stays in bed or in a chair for more than half the day.)
- Depends on others more for care due to increasing physical and/or mental health problems.
Person's carer needs more help and support.
- Progressive weight loss; remains underweight; low muscle mass.
- Persistent symptoms despite optimal treatment of health 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 life shortening conditions.

Cancer

Functional ability deteriorating
due to progressive cancer.

Too frail for cancer treatment or
treatment is for symptoms.

Dementia or 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 illnesses 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.

Ongoing disability with
worsening physical and/or
mental health after a major
stroke or multiple strokes

Heart or vascular disease

Heart failure or extensive,
untreatable coronary artery
disease; breathlessness or chest
pain at rest or on minimal effort.

Severe, inoperable peripheral
vascular disease.

Respiratory disease

Severe, long term lung disease;
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 physical or mental illnesses, multiple conditions and/or
complications that are not reversible; best available treatment has poor outcome.

Kidney disease

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

Kidney failure complicating other
life shortening 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 treatments and medication; minimise
polypharmacy.
Shared decision making about treatment and care.
- Review holistic care – symptoms; emotional, social, financial,
spiritual needs. Support families and carers.
- Ask for specialist advice or a review if symptoms or other
problems are difficult to manage.
- Agree a current and future care plan with the person/family.
Discuss future decision making (e.g. Power of Attorney).
- Record, share, and review care plans.