

**Use the SPICT to identify people with one or more advanced, progressive, incurable conditions; or at risk of dying of a sudden, acute deterioration for assessment and care planning.**

## 1. Look for two or more general clinical indicators of deteriorating health

Performance status poor

(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 underlying condition(s).

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

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

## 2. Now look for clinical indicators of advanced conditions

### 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 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 (PaO<sub>2</sub> < 7.3 kPa).

Has needed ventilation for respiratory failure.

### 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 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 cancer

Functional ability deteriorating due to progressive metastatic cancer.

Too frail for oncology treatment due to advanced multimorbidity or advanced cancer.

### 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.

Eating less; difficulty maintaining nutrition.

Urinary and faecal incontinence.

Progressive weakness, fatigue, inactivity.

Unable to communicate meaningfully; little social interaction.

Fractured femur; falls.

Recurrent febrile episodes or infections; aspiration pneumonia.

## 3. Ask

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

**No**

## 4. Assess and plan

Assess the patient & family for unmet needs.

Review treatment / care plan, and medication.

Discuss and agree care goals with the patient & family.

Consider specialist palliative care referral if symptoms are complex or poorly controlled.

Consider using GP register to coordinate care in the community.

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