# Profile of palliative care encounter

**Patient Details**

**Country of birth (select one)**
- [ ] Australia
- [ ] Other __________________________

**Preferred language (select one)**
- [ ] English
- [ ] Other __________________________

**Indigenous status (select one)**
- [ ] Aboriginal but not Torres Strait Islander origin
- [ ] Torres Strait Islander but not Aboriginal origin
- [ ] Both Aboriginal and Torres Strait Islander origin
- [ ] Neither Aboriginal nor Torres Strait Islander origin

**Diagnosis principal life-limiting illness (select one)**

<table>
<thead>
<tr>
<th>Malignant</th>
<th>Non-malignant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone &amp; soft tissue</td>
<td>Alzheimer’s disease</td>
</tr>
<tr>
<td>Breast</td>
<td>Other dementia</td>
</tr>
<tr>
<td>CNS</td>
<td>Motor neurone disease</td>
</tr>
<tr>
<td>Colorectal</td>
<td>Other neurological disease</td>
</tr>
<tr>
<td>Other GIT</td>
<td>Cardiovascular disease</td>
</tr>
<tr>
<td>Haematological</td>
<td>Diabetes &amp; its complications</td>
</tr>
<tr>
<td>Head and neck</td>
<td>End stage kidney disease</td>
</tr>
<tr>
<td>Lung</td>
<td>End stage liver disease</td>
</tr>
<tr>
<td>Pancreas</td>
<td>HIV / AIDS</td>
</tr>
<tr>
<td>Prostate</td>
<td>Multiple organ failure</td>
</tr>
<tr>
<td>Other urological</td>
<td>Respiratory failure</td>
</tr>
<tr>
<td>Gynaecological</td>
<td>Sepsis</td>
</tr>
<tr>
<td>Skin</td>
<td>Stroke</td>
</tr>
<tr>
<td>Unknown primary</td>
<td>Other non-malignancy</td>
</tr>
<tr>
<td>Other malignancy</td>
<td>Other non-malignancy</td>
</tr>
</tbody>
</table>

**Assessment Details**

**Date of assessment:** __ / __ / ___

**Assessment location** The location of patient (select one)
- [ ] Emergency department
- [ ] Intensive care unit
- [ ] Inpatient - palliative care bed
- [ ] Inpatient - not palliative care bed
- [ ] Outpatient
- [ ] Private residence
- [ ] General practice setting
- [ ] Residential aged care facility
- [ ] Community health centre
- [ ] Other __________________________

**Mode of assessment (select one)**
- [ ] In-person
- [ ] Not in person (e.g. telephone or telehealth)

**Was the patient present for the assessment? (select one)**
- [ ] Yes
- [ ] No

**Patient / family issues at the time of assessment (select all that apply)**
- [ ] Symptom management
- [ ] Discharge planning
- [ ] Introduction to palliative care / early referral
- [ ] Family / carer support
- [ ] Co-ordination of care
- [ ] Psychological / spiritual
- [ ] Terminal / end of life care
- [ ] Advance care planning
- [ ] Equipment
- [ ] After hours support
- [ ] Other __________________________

**Referral Details**

**Date of referral:** __ / __ / ___

**Primary reason for referral (select one)**
- [ ] Symptom management
- [ ] Discharge planning
- [ ] Introduction to palliative care / early referral
- [ ] Family / carer support
- [ ] Co-ordination of care
- [ ] Psychological / spiritual
- [ ] Terminal / end of life care
- [ ] Advance care planning
- [ ] Equipment
- [ ] After hours support
- [ ] Other __________________________

**Referring service type (select one)**

| Medical oncology | General medicine |
| Radiation oncology | Nephrology |
| Respiratory medicine | Neurology |
| Cardiology | Rehabilitation medicine |
| Haematology | Surgical |
| Geriatric medicine | Primary medical care (GP) |
| Emergency medicine | Other primary care |
- [ ] Other __________________________

**Advance care plan in place? (select one)**
- [ ] Yes
- [ ] No

**Action arising from assessment** Next steps for patient (select all that apply)
- [ ] Patient to receive inpatient specialist palliative care
- [ ] Patient to receive community / outpatient palliative care
- [ ] Patient to receive care from GP
- [ ] Patient to receive other specialist medical care
- [ ] Patient to receive residential aged care
- [ ] Advance care plan to be developed
- [ ] Don’t know
- [ ] Other __________________________

**Planned follow up** Is there a planned follow up for this patient?
- [ ] Yes
- [ ] No
**CLINICAL ASSESSMENT DETAILS**

**SYMPTOM ASSESSMENT SCALE (SAS)** *Ask the patient to rate their symptom distress over the last 24-hours*

<table>
<thead>
<tr>
<th>LEVEL OF DISTRESS</th>
<th>Sleep</th>
<th>Appetite</th>
<th>Nausea</th>
<th>Bowels</th>
<th>Breathing</th>
<th>Fatigue</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>1</td>
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</tr>
</tbody>
</table>

**GUIDE TO CLINICAL RESPONSE**

- Absent distress → Continue care
- Mild distress → Monitor & record
- Moderate distress → Review plan of care, Referral / intervention as required
- Severe distress → Urgent action

Who rated the symptom distress (SAS) above? [ ] Patient [ ] Family / carer [ ] Clinician

**PALLIATIVE CARE PROBLEM SEVERITY SCORE (PCPSS)** *Clinician rated*

<table>
<thead>
<tr>
<th>Pain</th>
<th>Other symptoms</th>
<th>Psychological / spiritual</th>
<th>Family / carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent - 0</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Mild - 1</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Moderate - 2</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Severe - 3</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**GUIDE TO CLINICAL RESPONSE**

- Continue care
- Monitor & record
- Review plan of care, Referral / intervention as req.
- Urgent action

**AUSTRALIA-MODIFIED KARNOFSKY PERFORMANCE STATUS (AKPS)**

- Normal, no complaints or evidence of disease: 100
- Able to carry on normal activity, minor signs of symptom / disease: 90
- Normal activity with effort, some signs or symptoms of disease: 80
- Care for self, unable to carry on normal activity or to do active work: 70
- Occasional assistance but is able to care for most needs: 60
- Requires considerable assistance and frequent medical care: 50
- In bed more than 50% of the time: 40
- Almost completely bedfast: 30
- Totally bedfast & requiring nursing care by professionals &/or family: 20
- Comatose or barely rousable: 10

**RESOURCE UTILISATION GROUPS – ACTIVITIES OF DAILY LIVING (RUG-ADL)**

<table>
<thead>
<tr>
<th>Bed mobility</th>
<th>Toileting</th>
<th>Transfers</th>
<th>Eating*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent / supervision</td>
<td>1</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Limited assistance</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Limited physical assistance</td>
<td>EATING*: Extensive assistance / total dependence</td>
<td>3</td>
<td>□</td>
</tr>
<tr>
<td>Other than 2 person physical assist</td>
<td>4</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2+ person physical assist</td>
<td>5</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**GUIDE TO CLINICAL RESPONSE**

- Total score: ___________
- 10 – 14 → assist x1, equip, staff requirements, falls risk, referral
- 15 – 17 → as above plus pressure area risk, carer burden, MDT review
- 18 → as above plus full care assistance x2

**PALLIATIVE CARE PHASE**

- Stable
- Unstable
- Deteriorating
- Terminal

**GUIDE TO CLINICAL RESPONSE**

- Monitor
- Urgent action required
- Review plan of care
- Provide EOL care