

## Profile of palliative and end of life care



UPI:  
Surname:  
First name:  
DOB:  
Sex:

### 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)

##### Malignant

- Bone & soft tissue cancer  
 Breast cancer  
 Central nervous system (CNS) cancer  
 Colorectal cancer  
 Other gastrointestinal (GIT) cancer  
 Haematological cancer  
 Head and neck cancer  
 Lung cancer  
 Pancreatic cancer (Pancreas)  
 Prostate cancer  
 Other urological cancer  
 Gynaecological cancer  
 Skin cancer  
 Unknown primary malignancy  
 Other malignancy

##### Non-malignant

- Alzheimer's disease  
 Other dementia  
 Motor neurone disease  
 Other neurological disease  
 Cardiovascular disease  
 Diabetes & its complications  
 End stage kidney disease  
 End stage liver disease  
 HIV / AIDS  
 Multiple organ failure  
 Respiratory failure  
 Sepsis  
 Stroke  
 Other non-malignancy

### 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 \_\_\_\_\_

#### 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*

LEVEL OF DISTRESS		Sleeping	Appetite	Nausea	Bowels	Breathing	Fatigue	Pain	GUIDE TO CLINICAL RESPONSE
None		0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Absent distress</i> → Continue care
↓		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Mild distress</i> → Monitor & record
		2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
↓		4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Moderate distress</i> → Review plan of care → Referral / intervention as required
		5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
↓		8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Severe distress</i> → Urgent action
		9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Worst possible		10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

	Pain	Other symptoms	Psychological / spiritual	Family / carer	GUIDE TO CLINICAL RESPONSE
Absent - 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ Continue care
Mild - 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ Monitor & record
Moderate - 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ Review plan of care, Referral / intervention as req.
Severe - 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ Urgent action

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

Normal, no complaints or evidence of disease	100	<input type="checkbox"/>	
Able to carry on normal activity, minor signs of symptom / disease	90	<input type="checkbox"/>	
Normal activity with effort, some signs or symptoms of disease	80	<input type="checkbox"/>	
Care for self, unable to carry on normal activity or to do active work	70	<input type="checkbox"/>	
Occasional assistance but is able to care for most needs	60	<input type="checkbox"/>	<i>GUIDE TO CLINICAL RESPONSE</i>
Requires considerable assistance and frequent medical care	50	<input type="checkbox"/>	→ Consider multidisciplinary team (MDT) review if AKPS is 50 or lower
In bed more than 50% of the time	40	<input type="checkbox"/>	
Almost completely bedfast	30	<input type="checkbox"/>	
Totally bedfast & requiring nursing care by professionals &/or family	20	<input type="checkbox"/>	
Comatose or barely rousable	10	<input type="checkbox"/>	

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

	Bed mobility	Toileting	Transfers	Eating*	
Independent / supervision 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limited assistance 2	-	-	-	<input type="checkbox"/>	<b>Total score: _____</b>
Limited physical assistance				<input type="checkbox"/>	<i>GUIDE TO CLINICAL RESPONSE (Total)</i>
EATING*: Extensive assistance / total dependence 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 – 14 → assist x1, equip, staff requirements, falls risk, referral
Other than 2 person physical assist 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	15 - 17 → as above plus pressure area risk, carer burden, MDFT review
2+ person physical assist 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	18 → as above plus full care assistance x2

<b>PALLIATIVE CARE PHASE</b>	<input type="checkbox"/> Stable	<input type="checkbox"/> Unstable	<input type="checkbox"/> Deteriorating	<input type="checkbox"/> Terminal
<b>GUIDE TO CLINICAL RESPONSE</b>	→ Monitor	→ Urgent action required	→ Review plan of care	→ Provide EOL care