


Palliative Assessment and Clinical Response: RAC				(Please complete or affix Label here)			
[Insert Service Name Here]				UPI: _____			
				Surname: _____			
				First name: _____			
				DOB: _____			
Instructions: Record PCOC assessment scores below. Commence weekly assessments when palliative care starts and increase to daily if any severe scores &/or in Unstable or Deteriorating phase. If a resident receives a SPC consult, record Yes in SPC Consult box, and complete assessments at time of SPC consult. If a resident is transferred to hospital, complete assessments immediately prior to transfer.							
Year 20	Date						
SPC Consult	(Yes / No)						
Resident-rated score	PCOC Symptom Assessment Scale (0-10) <i>Rate experience of symptom distress over a 24-hr period</i> 0 = absent 10 = worst possible 0 = Continue care 1-3 = Monitor and record 4-7 = Review/change plan of care; referral, intervention as required 8-10 = Urgent action						
	Distress from Pain						
	Distress from Fatigue						
	Distress from Breathing						
	Distress from Bowels						
	Distress from Nausea						
	Distress from Appetite						
	Distress from Sleeping						
	Distress from Other Symptom						
Record who completed the SAS: R=Resident, F=Family or unpaid carer, H=Health Care Professional							
Health Care Professional rated score	Palliative Care Problem Severity Score Actions (0-3) <i>Refer to complete definition and rate each domain</i> 0 = Continue care 1 = Monitor and record 2 = Review/change plan of care; referral, intervention as required 3 = Urgent action						
	Pain						
	Other Symptoms						
	Psychological / Spiritual						
	Family / Carer						
	Australia-modified Karnofsky Performance Status Scale (10-100) <i>Refer to complete definition</i>						
	AKPS						
	RUG-ADL <i>Refer to complete definition</i> 4-5 = Monitor 10+ = Assist x 1, consider equipment, staff requirements, falls risk, referral 6-10 = Assist x 1 15+ = As above, pressure area risk, consider carer burden and MDT review 18 = As above, full care assistance x 2						
	Bed mobility						
	Toileting						
	Transfers						
	Eating						
	Total RUG-ADL (4-18):						
	Palliative Care Phase (1. Stable 2. Unstable 3. Deteriorating 4.Terminal) <i>Refer to complete definition</i> Stable = Monitor Unstable = Urgent action required Deteriorating = Review plan of care Terminal = Provide terminal care						
Palliative Care Phase							
Staff initials							
Time of PC assessment							
(24-hr format i.e., hh:mm e.g.,13:15)							

PCOC Symptom Assessment Scale

Complete definition

Resident-rated distress relating to symptoms over a 24-hr period

The PCOC Symptom Assessment Scale describes the resident's level of distress relating to individual physical symptoms. The symptoms and problems in the scale are the seven most common.

Usage:

- Best practice is for the resident to rate distress either independent or with the assistance of a HCP or family/unpaid carer using a visual of the scale such as the *Symptom Assessment Scale Form for Residents*.
- Symptom distress may be rated by proxy. This only occurs when the resident is unable to participate in conversation relating to symptom distress i.e. Terminal phase.

Proxy: a family / unpaid carer or HCP who rates symptom distress on behalf of the resident through observational assessment. Use the following codes to describe Resident = R, Family or unpaid carer = F, or Health Care Professional = HCP

Instructions: resident to consider their experience of the individual symptom or problem over the last 24 hours and rate distress according to

A score of 0: means the symptom or problem is absent

A score of 1: means the symptom or problem is causing minimal distress.

A score of 10: means the symptom or problem is causing the worst possible distress.

SAS translations available on the PCOC website www.pcoc.org.au

Problem Severity Score

Complete definition

HCP-rated assessment of problems over a 24-hr period

Global assessment of four palliative care domains to summarise palliative care needs and plan care.

The severity of problems are rated and responded to following using the scale:

0 = Absent; 1 = Mild; 2 = Moderate; 3 = Severe

Pain: overall severity of pain problems for the resident

Other Symptoms: overall severity of problems relating to one or more symptoms other than pain

Psychological / Spiritual: severity of problems relating to the resident's psychological or spiritual wellbeing. May be one or more issues.

Family / Carer: problems associated with a resident's condition or palliative care needs. Family / Carer do not need to be present to assess needs as written, verbal or observational information may be used.

Australia-modified Karnofsky Performance Status

Complete definition

HCP-rated assessment of performance relating to work, activity and self-care over a 24-hr period

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

Resource Utilisation Group – Activities of Daily Living

Abbreviated definition

HCP-rated assessment of dependency over 24-hr period

For Bed Mobility, Toileting & Transfers

1. Independent or supervision only
3. Limited physical assistance
4. Other than two person physical assist
5. Two or more person physical assist

For Eating

1. Independent or supervision only
2. Limited assistance
3. Extensive assistance / total dependence / tube fed

Complete RUG-ADL definitions available on the PCOC website www.pcoc.org.au

Palliative Care Phase

Abbreviated definition

HCP rated assessment

1. **Stable** Symptoms and problems are adequately controlled by established management. Monitor, review, anticipate & respond.
2. **Unstable** An urgent change in the plan of care or emergency treatment is required due to development of a new problem &/or a rapid increase in the severity of existing problems &/or family/carer problems. Urgent response required.
3. **Deteriorating** The plan of care is addressing anticipated needs but requires periodic review due to gradual functional decline &/or worsening of existing symptoms &/or the development of new but expected problems &/or family/carer problems. Review & change care plan
4. **Terminal** Death likely in a matter of days. Monitor, review & respond

Complete Phase Definitions available on the PCOC website www.pcoc.org.au