

**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.