SA Supportive and Palliative Care Indicators Tool (SPICT-SA)

SPICT-SA is a generic tool to help identify adults with advanced life-limiting illnesses when the best available and appropriate treatment has been given and their condition continues to deteriorate. These people benefit from a palliative care approach as well as ongoing care by their current clinician or team. SPICT is designed for South Africa and similar middle income countries and

Look for disease specific indicators:

Cancer

Cancer not amenable to curative treatment.

Progressive or metastatic cancer with symptoms.

Too frail for oncological interventions.

Haematological Disease

Haematological cancer with recurrent bleeding or infection or needing repeated transfusions.

Any haematological condition or cancer with deteriorating clinical condition and not responding to best available treatment.

Infectious Disease

HIV

HIV with deteriorating clinical condition and not responding to best available treatment.

TB

TB with deteriorating clinical condition and not responding to best available treatment.

Other

Other infections with deteriorating clinical condition and not responding to best available treatment.

Kidney Disease

Stage 4 or 5 chronic kidney disease with deteriorating health.

Stopping or not starting dialysis.

Kidney disease complicating other life-limiting conditions or treatments.

Lung Disease

Patients on long term oxygen.

Breathlessness at rest or on minimal effort between exacerbations.

Heart / Vascular Disease

Heart failure or extensive, untreatable coronary artery disease with breathlessness or chest pain at rest or on minimal exertion.

Severe, inoperable peripheral vascular disease.

Liver Disease

Cirrhosis with one or more complication in the past year:

- Diuretic resistant ascites
- Hepatic encephalopathy
- Hepatorenal syndrome
- Bacterial peritonitis
- Variceal bleeds

Neurological Disease

Progressive deterioration in physical and/or cognitive function.

Increasing difficulty communicating and/or progressive difficulty with swallowing.

Stroke with significant loss of function, and ongoing disability and dependency.

Recurrent pneumonia, breathlessness or respiratory failure.

Dementia / Frailty

Unable to dress, walk or eat without help.

No longer able to communicate using verbal language; little social interaction.

Recurrent febrile episodes or infections.

Fractured femur (hip).

Swallowing difficulties and/or significant reduction in oral intake.

Trauma

Severe burns (ABSI score >10).

Brain injury with clinical deterioration and no benefit from surgical intervention.

Other Diseases

Any deteriorating clinical condition not responding to best available or appropriate treatment.

Look for one or more general indicators of deteriorating health:

Two or more unplanned health care facility visits within a period of 3 months with deteriorating life-limiting illness despite best available or appropriate treatment.

Performance status is poor or deteriorating, with limited reversibility e.g. the person stays in bed or in a chair for more than half the day.

Dependent on others for care due to increasing physical, and/or emotional, and/or mental health problems.

The person's carer needs more help and support in caring for the patient.

Progressive weight loss over the last few months, or remains underweight, or has low muscle mass.

Persistent symptoms despite best available or appropriate treatment of the underlying condition(s).

The person (or family) ask for palliative care; chooses to reduce, stop or not have treatment; wishes to focus on quality of life.

Review supportive and palliative care and care planning

- Review current treatment and medication so the patient receives best available or appropriate care.
- Consider referral for specialist assessment if symptoms or needs are complex and difficult to manage.
- Agree current and future care goals, and a care plan with the patient and family.
- Plan ahead if the patient is at risk of loss of capacity.
- Record, communicate and coordinate the care plan.