

PALLIATIVE CARE AIDE MEMOIRE

The process of assessment can help to produce a common understanding of needs. The assessor should be any experienced health or social care professional, who normally undertakes assessments as part of their role. The purpose of this aide memoire is to act as a prompt when assessing and reviewing patients with palliative and end of life care needs across conditions e.g. cancer /Advanced Respiratory Disease /Advanced Cardiac Disease /Advanced Neurological Disease/Advanced Renal Disease/ Stroke/ Dementia Other Advanced Progressive Disease

This guide has been adapted from the NiCaN Brief Holistic Assessment and Referral Screening Tool Pilot Project (2010)

Links to NISAT	Domains	Prompts to Consider	Possible Actions
Domain 1, 6	PHYSICAL HEALTH Are there issues with pain or other symptoms associated with the illness which are causing distress or disability and remain unresolved despite intervention (for more than 48 hours)?	Pain Altered sensation, numbness, and/or loss of function? Other symptoms Loss of function, feeling tired more than usual, mobility issues, sleep disturbance, swollen limbs, breathing problems, oral discomfort, eating and drinking/nutrition, swallowing, nausea or vomiting, urinary or bowel problems, confusion communication problems, skin integrity compromised?	Please Consider: <ul style="list-style-type: none"> • Completing a comprehensive pain assessment or other appropriate assessment • Seeking advice and/or formal referral to other specialist professionals/ services
Domain 3, 5, 7, 8, 10	SOCIAL AND OCCUPATIONAL WELLBEING Are there issues in relation to personal care, managing at home or social support? Are there issues with work and finance which are causing distress and/or are unresolved despite intervention/s?	Managing at home: meeting day to day needs e.g. personal care, toileting, meals provision. Are there any concerns regarding social isolation or family support? Work issues: issues concerning employer, workplace relations and workmates, change in work patterns, inability to work immediate financial concerns.	Please Consider: <ul style="list-style-type: none"> • Referral to Social Worker/ AHP • Seeking advice from and/or formal referral to other specialist professionals/ services • Referral to Benefits Adviser

<p>Domain 10</p>	<p>QUALITY OF LIFE & PLANNING FOR THE FUTURE</p> <p>Are there preferences and priorities for future care?</p>	<p>Long term financial concerns for family, mental capacity, power of attorney, making a will, advance directive/living will.</p> <p>Things important explored, setting realistic goals, resources available, family/carer support, place of care discussed.</p>	<p>Please Consider:</p> <ul style="list-style-type: none"> ▪ Seeking advice and/or formal referral to other specialist professionals/ services ▪ Advance Care Plan discussed, recorded and communicated
<p>Domain 2</p>	<p>SPIRITUAL WELLBEING</p> <p>Are there issues relating to spiritual wellbeing which are causing distress?</p>	<p>Impact of illness on faith/belief, be it religious or non-religious. Issues related to culture or ethnic background e.g. diet, medicines, treatment product. Life goals, important occasions. Ethical issues including treatment and end of life care. Hopelessness, anxiety, fear.</p>	<p>Please Consider:</p> <ul style="list-style-type: none"> • Any immediate cultural/ religious requirements • NHSCT Multi-cultural Handbook • A referral to appropriate Chaplain/ faith leader/ community cultural agency
<p>Domain 2</p>	<p>MENTAL HEALTH AND EMOTIONAL WELLBEING</p> <p>Are there any concerns regarding mental health issues including pre-existing psychological conditions?</p>	<p>Adjusting to the illness/ coping strategies.</p> <p>Knowledge and understanding of the disease and prognosis, unresolved concerns, exhaustion, sleep disturbances, adjusting to losses.</p> <p>Feeling down, depressed, hopelessness, anxiety, panicky, fear, restlessness.</p> <p>Sexual difficulties, body image difficulties</p>	<p>Please Consider:</p> <ul style="list-style-type: none"> • Seeking advice and/or formal referral to other specialist professionals/ statutory/ voluntary services? For example: <ul style="list-style-type: none"> o Social Worker o Counsellor o Mental Health Services o Psychology
<p>Domain 9</p>	<p>FAMILY & CLOSE RELATIONSHIPS</p> <p>Are there issues of concern?</p>	<p>Needs related to partner, family dynamics. Needs related to patient's children. Intimacy/sexual difficulties, unable to discuss issues of concern with partner/spouse. Conflict present.</p>	<p>Please Consider:</p> <ul style="list-style-type: none"> • Seeking advice and/or formal referral to other specialist professionals/ statutory/ voluntary services? For example: <ul style="list-style-type: none"> o Referral to social worker o Carer's Assessment o Counsellor o Social Support Network o Young Carers Scheme

Domain 4	<p>MEDICINES MANAGEMENT</p> <p>Are there issues of concern?</p>	<p>Ability to manage own oral medication independently; if poor swallow consider alternative routes.</p> <p>Are symptoms well controlled?</p> <p>Need for other equipment/ aids eg. Oxygen</p>	<p>Please Consider:</p> <ul style="list-style-type: none"> • Liaising with family/ carers/ pharmacy/ GP/ Social Worker • Seeking advice and/or formal referral to other specialist professionals/ services • Syringe driver & anticipatory sub-cutaneous medication
All domains	<p>LAST DAYS OF LIFE</p>	<p>Deterioration in the patient's conditions suggests that the patient could be dying.</p>	<p>Please Consider:</p> <ul style="list-style-type: none"> • MDT Assessment • Excluding reversible causes • Seeking advice and/or formal referral to other specialist professionals/ services • Implementation of the principles of individualised end of life care planning

Source: Northern Health & Social Care Trust (NI)