



STOP!

Palliative care: the active holistic care of patients with advanced progressive disease.

End of Life care: care provided in patients who are likely to be in the last year of life. (Consider the SPICT tool)*

A palliative approach based on what is important to the patient may include “active” treatments like antibiotics and palliative surgical procedures, as well as psychosocial interventions.

A palliative approach may be appropriate in patients...

- Who might die in the coming hours or days (*last days of life*).
- With advanced, progressive, incurable conditions who are likely to be in the last year of life.
- Patients with high **Clinical Frailty Scores** (*the cohort of patients with CFS 7-9 have a 1-year mortality risk of 50%*).
- With life-threatening acute conditions caused by sudden events.
- Patients who would prefer a focus on symptom management.

LOOK

Around 1-in-3 patients admitted as an emergency will die within 12 months of admission.

Almost half of these deaths occur in acute hospitals.

The last year of life is often punctuated by multiple admissions to hospital.

Many patients admitted through ED will benefit from a palliative approach to care alongside treatment.

A conversation about uncertain recovery and completing a treatment escalation plan (like the ReSPECT form) can ensure that we focus on what is important to the patient if they deteriorate.



LEARN

Supportive and Palliative Care Indicators Tool (SPICT)*

<https://spict.org.uk>

End of Life Care programme (e-LFH) <http://bit.ly/2EkTWMK>

Serious illness community and groups (*Ariadne Labs*)

<http://bit.ly/2TrEd84>

Clinical Frailty Score (EM3)

<http://bit.ly/2T7Kqql>

“I’d like to talk about what is happening at the moment and to understand what is important to you so that we can provide the care you want – is that okay?”