

PALLIATIVE CARE NEEDS ASSESSMENT GUIDANCE

DOMAIN 1: PHYSICAL WELL-BEING

Patients with life limiting conditions frequently have multiple symptoms. Patient self report of symptoms varies from person to person. Some physical symptoms are readily reported by patients while others often require prompting. Some of the frequently encountered physical problems in the last year of life are outlined in table 1.

Table 1 Frequently Encountered Physical Problems in the Last Year of Life

Frequently encountered physical problems in the last year of life	
Pain	Somatic, visceral, neuropathic Take a detailed pain history outlining <ul style="list-style-type: none"> Location, quality, intensity, duration, frequency Associated/aggravating/relieving factors Treatment interventions to date
Fatigue	Fatigue disproportionate to level of activity or not relieved by rest
Respiratory	Dyspnoea, cough, oropharyngeal secretions
Gastrointestinal	Anorexia, nausea, vomiting, constipation
Neurological	Insomnia, confusion, delirium, anxiety, depression
Other	Functional status, balance problems, oedema, wound problems

This is neither a prescriptive nor an exhaustive list- it serves to illustrate the variety of physical problems encountered and need for systematic assessment to identify physical problems

Approach:

- An introductory question to prompt the person to identify the physical needs of most concern to them.
- Thereafter a thorough and careful systems review will determine the presence and severity of physical symptoms.

After identification of symptoms:

- Elicit a history of symptoms including previous treatments received.
- Ascertain the effect of the problem on the patient's normal activities function.
- Consider treatment options.

Action:

- Agree and implement a care plan with the patient and multidisciplinary team.
- Establish whether these symptoms can be managed by the current treating team.
- If severe or intractable physical problems are identified or anticipated, consider referral to the specialist palliative care service.

DOMAIN 2: SOCIAL AND OCCUPATIONAL WELL-BEING

The family is the unit of care. When assessing patients with life-limiting illness it is important to explore their concerns in relation to their home, family and community, and to identify risk in relation to their autonomy and social functioning.

Approach:

A social assessment seeks to gain some understanding of an individual's life experience with regard to their:

- Background,
- Family support,
- Emotional and social support,
- Practical concerns.

Table 2 Suggested Prompts; Social and Occupational Well-being Assessment

Suggested Prompts	
Family Support	Invite discussion about family and relationships: <ul style="list-style-type: none"> Who lives with you? Any children/adult dependents? any concerns/worries regarding family or personal relationships?
Emotional and social support	Do you have any other support for example PHN, home help, private carers, friends, neighbours? <ul style="list-style-type: none"> How often do you see them? Do you need more support? What would help?
Practical concerns and advance care planning	Discussion about practical issues: <ul style="list-style-type: none"> How are you managing? Any difficulties in: mobilising, managing the stairs, household chores e.g. washing, cooking, etc? Any concerns about future care needs, income, finances, sorting out your affairs? What are the person's wishes regarding: <ul style="list-style-type: none"> Goals of care? Acceptable levels of intervention? Preferred place of care (person and family)?

After identification of concerns:

- Ascertain the effect of the problem on the patient's normal activities function.
- Consider treatment options.

Action:

- Agree and implement a care plan with the patient and multidisciplinary team.
- Establish whether these symptoms can be managed by the current treating team.
- If severe or intractable physical problems are identified or anticipated, consider referral to the specialist palliative care service.

DOMAIN 3: PSYCHOLOGICAL WELL-BEING

Patients with life limiting conditions frequently have psychological concerns. In order to identify these concerns, it is important that the assessor is proactive in asking about emotional and psychological issues.

Approach:

Begin with an open exploratory question that invites the person to identify any concerns. "Is there anything worrying you?"

Followed by consideration of the following:

- Mood and interest
- Adjustment to illness
- Resources and strengths
- Uncontrolled multidimensional pain (total pain)
- Pre-existing mental illness

Table 3 Suggested Prompts; Psychological Well-Being

Suggested Prompts	
Mood and interest	<ul style="list-style-type: none"> How is your mood? During the last month have you: <ul style="list-style-type: none"> been feeling down and/or hopeless? lost enjoyment in interests? Are you depressed? Do you feel tense or anxious? Have you ever had a panic attack? Are there things you are looking forward to?
Adjustment to illness	<ul style="list-style-type: none"> What is your understanding of your illness?
Resources and strengths	<ul style="list-style-type: none"> What is a source of support for you? Look for a range of possible supports: people, hobbies, faith, beliefs
Total pain	Uncontrolled multidimensional pain e.g. psychosocial, emotional, spiritual pain; consider if distress contributing to physical symptoms <ul style="list-style-type: none"> Are there psychological, social, emotional, spiritual issues that may be contributing to symptoms?
Pre-existing mental illness	Persons with a history of current or past mental health problems may be particularly at risk of psychological distress

After identification of concerns

- Elicit history of concerns including previous supports/interventions received.
- Ascertain the effect of the problem on the patient's normal activities/function.
- Consider treatment options/interventions.

Action:

- Agree and implement a care plan with the patient and multidisciplinary team.
- Establish whether these needs can be managed by the current treating team.
- If significant complex family and social concerns are identified or anticipated, consider referral to the Specialist Palliative Care Service.

DOMAIN 4: SPIRITUAL WELL-BEING

People have many different understandings to the word spiritual and how it impacts on their lives. When completing spiritual assessment, assessors need to be aware of alternative terms i.e. faith, belief, philosophy, religion, inner strength.

Approach:

An introductory question/s to alert individuals to a change in focus from clinical is required e.g. How has this illness impacted on your life? The following is a suggested approach to assessment:

Table 4 Suggested Prompts: Spiritual Well-Being Assessment

Suggested Prompts		
H	Sources of hope	What gives you hope (strength, comfort peace) in the time of illness?
O	Organised religion	Are you part or member of religious or spiritual community? Does it help you?
P	Personal spirituality & practices	What aspect of your spiritual beliefs do you find most helpful and meaningful personally?
E	Effect on medical care and end of life issues	How do your beliefs affect the kind of care you would like me to provide over the next few days/weeks/months?

After identification of concerns:

- Elicit history of concerns including previous supports/interventions received.
- Ascertain the effect of the problem on the patient's normal activities/function.
- Consider treatment strategies/interventions.

Action

- Agree and implement a care plan with the patient and multidisciplinary team. This may include referral to pastoral care service.
- Establish whether these needs can be managed by the current treating team.
- If significant complex spiritual concerns are identified or anticipated, consider referral to specialist palliative care service.



PALLIATIVE CARE

See Palliative Care Needs Assessment Guidance accessible on www.hse.ie/palliativecareprogramme
NATIONAL CLINICAL PROGRAMME FOR PALLIATIVE CARE