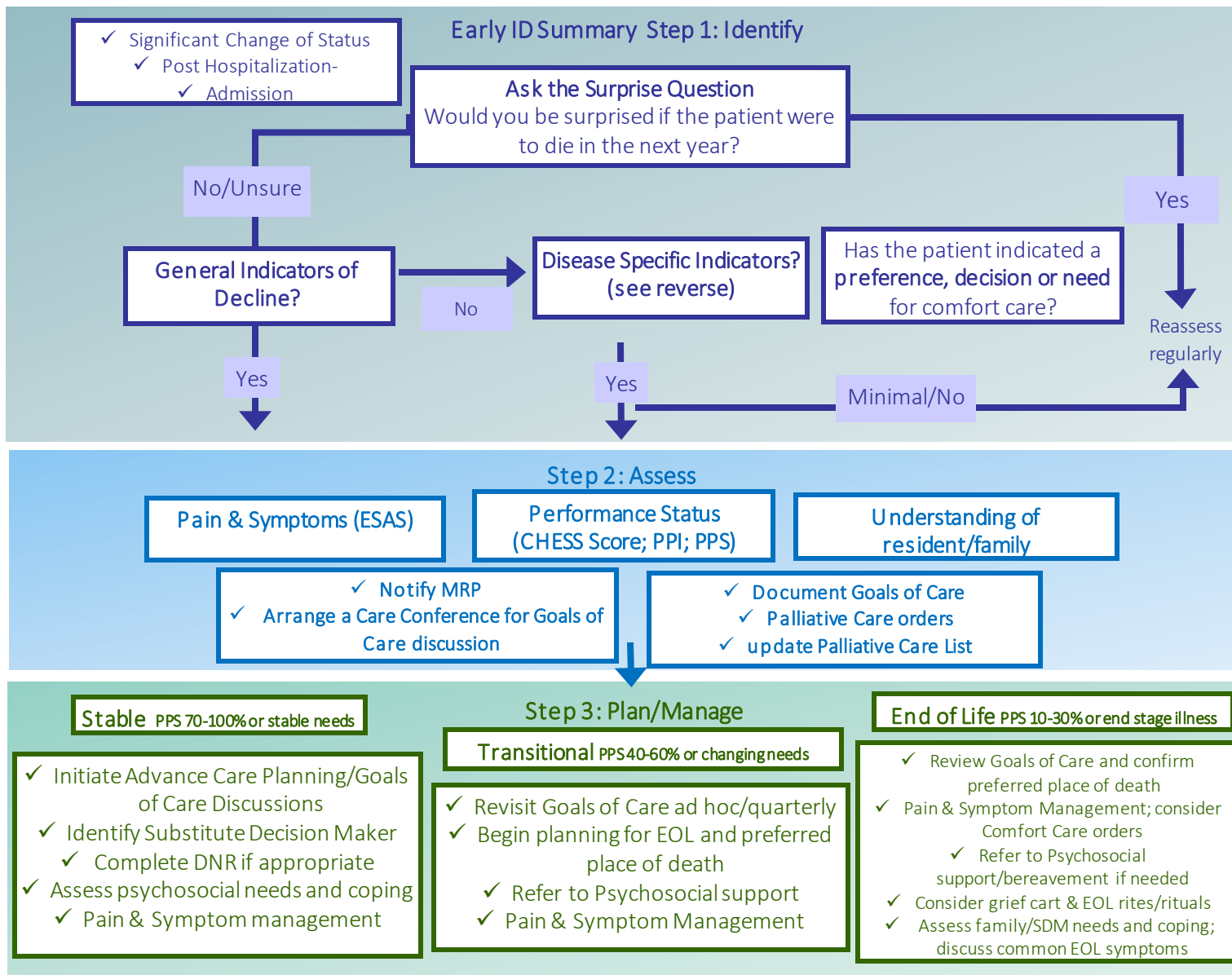


# A Palliative Approach to Care for Long Term Care



**NSMHPCN**  
North Simcoe Muskoka Hospice Palliative Care Network

**Mississauga Halton  
Palliative Care  
Network**



## General Indicators of Decline

- Advancing, unstable disease
- Decreasing response to treatments/decreasing reversibility
- No further disease modifying treatments available
- General physical decline/declining functional status
- Multiple co-morbid conditions
- Repeated unplanned hospital admissions
- "Sentinel event"
- Weight loss >10% in 6 months
- Albumin <25 g/L

This guide has been graciously shared by MH Palliative Care Network and has been modified with their permission to be used by NSMHPCN in the NSM region.

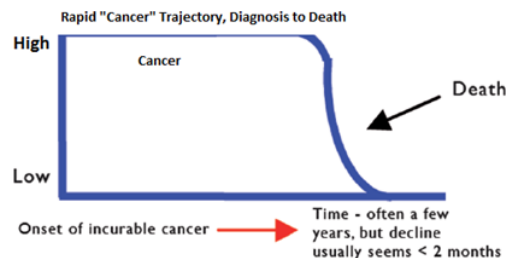
\* Guide was adapted from the Early Identification & Prognostic Guide which is a Adaption of the UK GSF - PIG for Ontario use

**SUPPORTING PALLIATIVE NEEDS EVERY STEP OF THE WAY**

# Early ID Summary Guide for LTC : Disease Specific Indicators

## CANCER

- Metastatic cancer
- More exact predictors for cancer patients are available, e.g. PPS, ECOG, PPL, PaP
- The single most important predictive factor in cancer is performance status and functional ability – if patients are spending more than 50% of their time in bed/lying down, prognosis is estimated to be about 3 months or less



## NEUROLOGICAL DISEASES GENERAL

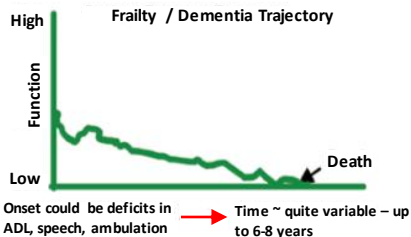
- Progressive deterioration in physical and/or cognitive function despite optimal therapy
- Symptoms which are complex and too difficult to control
- Swallowing problems (dysphagia) leading to recurrent aspiration pneumonia, sepsis, breathlessness or respiratory failure
- Speech problems: increasing difficulty in communications and progressive dysphasia

## MULTIPLE SCLEROSIS

- Significant complex symptoms and medical complications
- Dysphagia + poor nutritional status
- Communication difficulties e.g. Dysarthria + fatigue
- Cognitive impairment notably the onset of dementia

## STROKE

- Persistent vegetative or minimal conscious state or dense paralysis
- Medical complications
- Lack of improvement within 3 months of onset
- Cognitive impairment / post-stroke dementia



## PARKINSON'S

- Drug treatment less effective or increasingly complex regime of drug treatments
- Reduced independence, needs ADL help
- The condition is less well controlled with increasing "off" periods
- Dyskinesias, mobility problems and falls
- Psychiatric signs (depression, anxiety, hallucinations, psychosis)
- Similar pattern to frailty-see frailty

## MOTOR NEURON

- Marked rapid decline in physical status
- First episode of aspirational pneumonia
- Increased cognitive difficulties
- Weight Loss
- Significant complex symptoms and medical complications
- Low vital capacity (below 70% of predicted using standard spirometry)
- Dyskinesia, mobility problems and falls...

## DEMENTIA

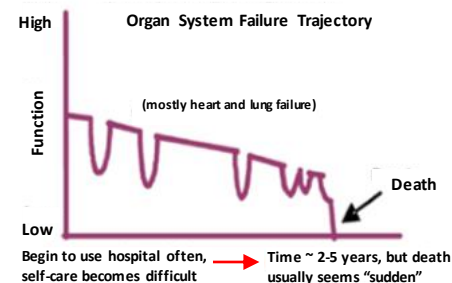
- Unable to walk without assistance and
- Urinary and fecal incontinence, and
- No consistently meaningful verbal communication and
- Unable to do self-care without assistance
- Reduced ability to perform activities of daily living. Plus any of the following: Weight loss, urinary tract infection, severe pressure sores (stage 3 or 4), recurrent fever, reduced oral intake, aspiration pneumonia

## RENAL DISEASE

- Stage 4 or 5 Chronic Kidney disease (CKD) whose condition is deteriorating
- Patients choosing the no dialysis option or discontinuing dialysis (by choice or due to increasing frailty, co-morbidities)
- Patients with difficult physical symptoms of psychological symptoms despite optimal tolerated renal replacement therapy
- Symptomatic Renal Failure – nausea and vomiting, anorexia, pruritus, reduced functional status, intractable fluid overload

## LUNG DISEASE (COPD)

- Disease assessed to be very severe (eg. FEV1 < 30% predicted)
- Recurrent hospital admissions (> 3 in last 12 months due to COPD)
- Fulfills long term oxygen therapy criteria
- MRC grade 4 to 5 – dyspnea after 100m on the level or confined to house
- Signs and symptoms of right heart failure
- More than 6 weeks of systemic steroids for COPD in preceding 6 months



## FRAILTY

- Multiple co-morbidities with significant impairment in day to day living and:
- Deteriorating functional performance status
- Combination of at least 3 off the following symptoms: weakness, slow walking speed, significant weight loss, exhaustion low...

## HEART DISEASE

- CHF NYHA Stage 3 or 4 – shortness of breath at rest on minimal exertion
- Repeated hospital admissions with heart failure symptoms
- Difficult physical or psychological symptoms despite optimal tolerated therapy

## LIVER DISEASE

- Advanced cirrhosis with one or more complications in past year
- diuretic resistant ascites, hepatic encephalopathy, hepatorenal syndrome, recurrent variceal bleeds
- Liver transplant contraindicated
- Child-Pugh Class C

Cancer

Neurological Diseases

Frailty & Dementia

Organ Failure



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