PACOP

P

DETERIORATING RESIDENT TOOL

(affix addressograph label here)

UPI:
Surname:
First name:
DOB:
Sex:

A Health professional (RN or EN) to complete if the resident has deteriorated clinically and is not due for their routine 3 monthly Profile Assessment.

Date of assessment: __ __ / __ __ / __ __ __ __ **Time:** _____hrs

PCOC SYMPTOM ASSESSMENT SCALE (SAS) Where possible, ***ask the resident*** *to rate their symptom distress over the last 24-hours or nominate who rated the assessment. Can be completed by a registered/enrolled nurse or care worker with the resident and family wherever possible.*

Who *rated* the level of symptom distress (SAS)?
☐ Resident ☐ Family/unpaid carer ☐ Care worker ☐ Healthcare professional

LEVEL OF DISTRESS
(Select one for each symptom)

Absent Mild Moderate Severe

	0	1	2	3	4	5	6	7	8	9	10
Distress from Pain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Distress from Fatigue	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Distress from Breathing Problems	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Distress from Bowel problems	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Distress from Nausea	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Distress from Appetite problems	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Distress from Difficulty Sleeping	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Distress from other Symptom *(Specify)*_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

PROBLEM SEVERITY SCORE (PSS) Problems over the past 24 hours *(Select one box for each criteria)*

	Absent (0)	Mild (1)	Moderate (2)	Severe (3)
Pain	☐	☐	☐	☐
Other symptoms	☐	☐	☐	☐
Psychosocial/spiritual wellbeing	☐	☐	☐	☐
Family/Carer	☐	☐	☐	☐

AUSTRALIA MODIFIED KARNOFSKY PERFORMANCE STATUS (AKPS) *(Select one box only)*

Normal, no complaints or evidence of disease	**100**	☐
Able to carry on normal activity, minor signs of symptoms/disease	**90**	☐
Normal activity with effort, some signs or symptoms of disease	**80**	☐
Care for self, unable to carry on normal activity or to do active work	**70**	☐
Occasional assistance but is able to care for most needs	**60**	☐
Requires considerable assistance and frequent medical care	**50**	☐
In bed (chair) more than 50% of the time	**40**	☐
Almost completely bedfast (chairfast)	**30**	☐
Totally bedfast & requiring nursing care by professionals &/or family	**20**	☐
Comatose or barely rousable	**10**	☐

ROCKWOOD CLINICAL FRAILTY SCALE (RCFS) *(Select one only)*		
	☐ **1. Very Fit**	People who are **robust, active, energetic** and **motivated**. These people commonly exercise regularly. They are among the fittest for their age.
	☐ **2. Well**	People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.
	☐ **3. Managing Well**	People whose **medical problems are well controlled** but are not regularly active beyond routine walking.
	☐ **4. Vulnerable**	While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up", and/or being tired during the day.
	☐ **5. Mildly frail**	These people often have **more evident slowing**, and need **help in high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework. ***(Mild dementia usually corresponds here)***
	☐ **6. Moderately frail**	People need **help with all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cueing, standby) with dressing. ***(Moderate dementia usually corresponds here)***
	☐ **7. Severely frail**	**Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months). ***(Severe dementia usually corresponds here)***
	☐ **8. Very severely frail**	**Completely dependent**, approaching end of life. Typically, they could not recover from even a minor illness.
	☐ **9. Terminally ill**	Approaching end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Identifying the need for palliative care

YES to ANY of these statements/questions/assessments below:

☐ Yes	☐ No	Based on clinical judgement, the current assessment and all the information available to you, do you believe the resident would benefit from palliative care?
☐ Yes	☐ No	The resident and/or family is requesting palliative care
☐ Yes	☐ No	Based on clinical judgement, the current assessment and all the information available to you **do you believe the resident has a prognosis of <3 months?**
☐ Yes	☐ No	One or more **moderate/severe** symptom distress (SAS) or problem severity (PSS) score
☐ Yes	☐ No	An AKPS of 40 or less
☐ Yes	☐ No	A Rockwood Clinical Frailty Scale (RCFS) score of 8 or 9

YES to *ANY* – Resident would benefit from Palliative Care (e.g. PACOP Outcomes Collection)

NO to *ALL* – Review care plan to address deterioration & continue to monitor using PACOP Profile Collection

*Clinical assessment completed by (Name)*_____

Designation: ☐ACH Manager ☐Clinical Manager ☐ RN/EN ☐Palliative care CNC/CNS ☐Other