

Attachment 3**Palliative Care (End of Life/Metastatic Cancer/Non-Malignant Palliative Care)****1. Entitled Person Details**

DVA file number

Surname

Given name(s)

2. Palliative Care Phase

Please tick the entitled person's current palliative care phase:

 Stable Deteriorating Unstable Terminal

NOTE: Definitions of each palliative care phase is located at *Attachment C - Palliative Care Phases in the Procedure Manual for the provision of community nursing services - effective 1 October 2014.*

3. Specialist Palliative Care Services

Have you accessed specialist palliative care services?

No

Why?

Yes

Does the entitled person have access to 24 hour support?

No

What mechanisms have been put in place for after hours emergencies?

Yes **4. Symptom Assessment Score**

Tick the appropriate score for the entitled person's experience of each symptom using the following scale:

*0 = none at all**10 = worst possible*

	0	1	2	3	4	5	6	7	8	9	10
Appetite problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, please specify

If score is greater than 3, what strategies have been established to manage symptoms?

5. Problem Severity Score

The Problem Severity Score is an overall score of the entitled person/family. Please rate the entitled person's severity against each problem using the following scale:

0 = absent 1 = mild 2 = moderate 3 = severe

Other Physical Symptoms	Score	Psychosocial/Spiritual	Score	Family/Carer Issue	Score
Confusion	<input type="text"/>	Agitation/restlessness	<input type="text"/>	Accommodation	<input type="text"/>
Constipation	<input type="text"/>	Anger	<input type="text"/>	Anger	<input type="text"/>
Delirium	<input type="text"/>	Anxiety	<input type="text"/>	Anxiety	<input type="text"/>
Diarrhoea	<input type="text"/>	Depression	<input type="text"/>	Caregiver fatigue	<input type="text"/>
Incontinence	<input type="text"/>	Fear	<input type="text"/>	Communication	<input type="text"/>
Oedema	<input type="text"/>	Hopelessness	<input type="text"/>	Cultural	<input type="text"/>
Skin irritation	<input type="text"/>	Request to die	<input type="text"/>	Denial	<input type="text"/>
Vomiting	<input type="text"/>	Sadness	<input type="text"/>	Legal	<input type="text"/>
Wound	<input type="text"/>	Unrealistic goals	<input type="text"/>	Unrealistic goals	<input type="text"/>
Other - please specify	<input type="text"/>	Other - please specify	<input type="text"/>	Other - please specify	<input type="text"/>

A score of 2 or 3 in the Psychosocial/Spiritual or Family/Carer Issue should prompt referral to social work/counselling/pastoral care services. What strategies have been engaged to assist with these problems?

6. Resource Utilisation Group - Activities of Daily Living (RUG-ADL)

The Resource Utilisation Group - Activities of Daily Living (RUG-ADL) is a component of the RUG-III. Please tick the appropriate response for the entitled person:

	Bed mobility	Transfer	Toileting	Eating
Independent or supervision only	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	Independent or supervision only <input type="text" value="1"/>
Limited assistance	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	Limited assistance <input type="text" value="2"/>
Other than 2-person physical assistance	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	Extensive assistance/total dependence/tube fed <input type="text" value="3"/>
2-person physical assistance	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	

7. Karnofsky Performance Scale

The Karnofsky Performance Scale used is the Australian modified version. Please tick the appropriate response for the entitled:

Definition	%	Criteria
Able to carry on normal activity and to work. No special care is needed.	100	Normal, no complaints or evidence of disease
	90	Able to carry on normal activity, minor signs/symptoms of disease
	80	Normal activity with effort, some signs/symptoms of disease
Unable to work. Able to live at home, care for most personal needs. A varying amount of assistance is needed.	70	Cares for self. Unable to carry on normal activity or do active work
	60	Able to care for most needs but requires occasional assistance
	50	Considerable assistance and frequent medical care required
Unable to care for self. Requires equivalent of institutional/hospital care. Disease may be progressing rapidly.	40	In bed more than 50% of time
	30	Almost completely bedfast
	20	Totally bedfast, requiring extensive nursing care by professionals and/or family
	10	Comatose or barely arousable
	0	Dead