

Tool 2: Recognising when a person is at end-of-life

A fundamental first step in providing safe and high-quality, end-of-life care is to recognise when a person is likely to benefit from such care. Recognising when a person is at end-of-life allows members of a health care team to support a person achieve quality-of-life in their time remaining.

There are five standard triggers that can be used to identify when a person may be at end of life and where a person is likely to die either in the medium term (ie within the next 12 months), or short term (ie within days to weeks).

These five triggers enable health practitioners to apply their clinical judgment as to whether a person might benefit from end-of-life discussions, and the completion of a Resuscitation Plan-7 Step Pathway. They are:

TRIGGER 1: Concerns are expressed that a person is dying or has unmet end-of-life care needs

A person, family, carer, Substitute Decision-Makers (SDM)/ Person Responsible or members of the health care team may express concern that a person is dying and/or has unmet end-of-life care needs.

Expressing such concerns is an indicator that a person might require a clinical assessment followed by a conversation about their resuscitation and end of life care needs and goals.

TRIGGER 2: Using the Supportive and Palliative Care Indicator Tool or SPICT™: a mortality risk predictor tool

The Supportive and Palliative Care Indicator Tool or SPICT™ is a guide that identifies a person who is at risk of deteriorating and dying from one or more advanced conditions.

The SPICT™ combines GENERAL INDICATORS of deteriorating health (eg multiple recent admissions to hospital for exacerbation of a chronic condition or unexpected or inappropriately prolonged stays in hospital) with clinical indicators of ADVANCED CONDITIONS (eg decline in the person's condition or a clinical determination that they will not benefit from interventions such as surgery, dialysis or treatment in intensive care).

The SPICT™ provides health practitioners with a practical list of General Indicators and Advance Conditions for consideration. Where a person meets two SPICT™ indicators of deteriorating health and/or one SPICT™ indicator for an advanced condition a Resuscitation Plan-7 Step Pathway should be considered.



TRIGGER 3: Asking the surprise question?

In the 'Surprise Question': the clinician asks him or herself, "Would I be surprised if this person died in the next 12 months? and where the response is 'No'."

Studies have demonstrated the usefulness of clinicians using the 'Surprise Question' to predict which of their patients were at a high risk of dying within one year. The 'Surprise Question' is a simple trigger to identify who would benefit from a Resuscitation Plan-7 Step Pathway. Timely recognition that a person is dying offers valuable opportunities to initiate and review a person's resuscitation and end-of-life clinical care plan. Additionally the ability for the person to plan their end-of-life care in advance allows them to have input into their resuscitation and clinical care plan ensuring it reflects their wishes and preferences.

TRIGGER 4: A persons documented wishes and preferences about end-of-life treatment

A person may have completed an Advance Care Directive (ACD) (including Enduring Power of Guardianship, Medical Power of Attorney, Anticipatory Direction) or Advance Care Plan in which they have expressed their refusal for life sustaining treatments.

If a health practitioner becomes aware that a person has any one of the above documents this provides an ideal opening to initiate a conversation about resuscitation and end-of-life care planning. A health practitioner together with the person (or in the event they have lost decision-making capacity, their SDM/Person Responsible) can review what has already been instructed and from there make decisions about the type of care or treatment the person may want in the event the person should deteriorate.



TRIGGER 5. Observations triggers and/or the activation of a Medical Emergency Response

SA Health *Rapid Detection and Response Observation Charts* play a critical role in detecting clinical deterioration in patients in acute and subacute care. Where an observation chart indicates a patient is either deteriorating or a Medical Emergency Response (MER) is likely or has been activated, there is a need to ensure there is a clear plan for the appropriateness and the person's consent for treatments aimed at prolonging life. Early discussions and planning avoid situations where a clinician facing making urgent treatment decisions when a person's wishes and the usefulness of resuscitation measures are unknown.

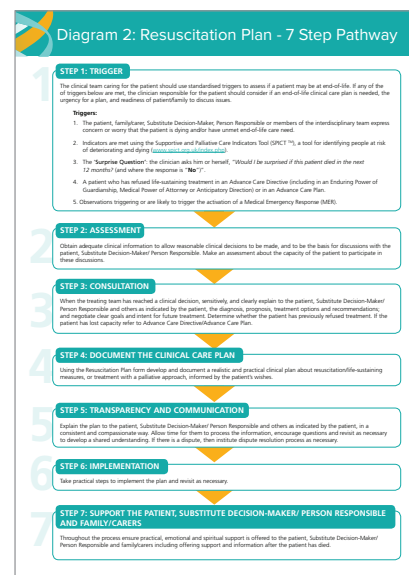
Signs of physiological deterioration that indicate a medical emergency response is a trigger for health practitioners to initiate discussions about the person's resuscitation and end of life care plans, and the completion of a Resuscitation Plan-7 Step Pathway.

The Resuscitation Plan-7 Step Pathway

Early recognition that a person is dying and the subsequent development of a Resuscitation Plan-7 Step Pathway in advance will:

- > ensure traumatic, unwanted treatment and procedures are avoided when a person is deteriorating and dying
- > relieve the person, their family, or carer from burdensome life, or death decisions in a crisis
- > allow a person to die as they wish, with comfort and dignity.

If any of the five standard triggers above are met, health practitioners should consider whether an end-of-life clinical care plan is needed, the urgency for a clinical care plan, and the readiness of the person to discuss these issues.



For more information

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