

Sample form – Client Summary Palliative Care

Patient name		Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home address	
Phone – home			
Phone – mobile		Patient living alone	<input type="checkbox"/> Yes <input type="checkbox"/> No
GP name and phone		Available – home visits	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Contactable by phone after-hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
Main carer		Relationship	
Address (if different to patient address)		Phone	
Admission to service	<i>date</i>	Reason for admission	
Main diagnosis		Medical history	
Client alerts <i>Cautions / allergies / risk management</i>			
Phase of illness <i>PTO for definitions</i>		Karnofsky scale <i>PTO for definitions</i>	

Current treatments: chemotherapy, radiotherapy, other, not applicable	
Current symptoms: Physical, Psychosocial and Other	Problem severity score 0-3 <i>PTO for definitions</i>
Current Medication:	Doses

Phase Definitions

The Palliative care phase is the stage of the patient's illness. Palliative care phases are not sequential and a patient may move back and forth between phases. Palliative care phases provide a clinical indication of the level of care required and have shown to correlate strongly with survival within longitudinal prospective studies.

<http://ahsri.uow.edu.au/pcoc/index.html>

PALLIATIVE CARE PHASE OF ILLNESS

Clinician rated

1. **STABLE** Symptoms are adequately controlled by established management
2. **UNSTABLE** Development of a new problem or a rapid increase in the severity of existing problems
3. **DETERIORATING** Gradual worsening of existing symptoms or the development of new but expected problems
4. **TERMINAL** Death likely in a matter of days
5. **BEREAVED** Death of a patient has occurred and the carers are grieving

Refer to complete Phase Definitions

KARNOFSKY SCALE

AKPS (Australian modified Karnofsky Performance Scale)

Clinician rated

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

PROBLEM SEVERITY SCORE

Clinician rated

- 0 = Absent
- 1 = Mild
- 2 = Moderate
- 3 = Severe

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Patient name		Date of Birth	
Current signed anticipatory medication and syringe driver orders			Doses
Are anticipatory medication and syringe driver orders available in the home?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is injectable medication available in the home?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are syringes/needles available in the home?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a sharp container in the home?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Planning

Does the client want to be cared for at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the caregiver managing care at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the client want to die at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the caregiver want the client to die at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GRPCC Carer's Symptom Management Sheets provided? <i>List symptoms for which provided</i>	Date

	Date commenced	Date completed
GRPCC Carer's Kit provided		
Advance Care Planning (ACP)		
End of Life Care (EOLC) Planning		
Medical Enduring Power of Attorney (MEPOA)		
Funeral arrangements made		

Comments:

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Date:	Name of Nurse completing summary:	Position and department:

