Why use the SPICT™?

The SPICT™ helps professionals identify people with general indicators of poor or deteriorating health and clinical signs of life-limiting conditions for assessment and care planning.

What will happen to each person and when is often uncertain. SPICT™ looks at health status not a prognostic time frame. Identifying people with deteriorating health earlier improves care.

Using SPICT™ to assess people’s needs and plan care.

■ After an unplanned hospital admission or a decline in health status: review current care, treatment and medication; discuss future options; plan for managing further deterioration.

■ For people with poorly controlled symptoms: review and optimise treatment of underlying conditions, stop medicines not of benefit; use effective symptom control measures.

■ Identify people who are increasingly dependent on others due to deteriorating function, general frailty and/or mental health problems for additional care and support.

■ Identify people (and caregivers) with complex symptoms or other needs; consider assessment by a specialist palliative care service or another appropriate specialist or service.

■ Assess decision-making capacity. Record details of close family/ friends and any POA or proxy for decision-making and involve them if the person’s capacity is impaired.

■ Identify people who need proactive, coordinated care in the community from the primary care team and/or other community staff and services.

■ Agree, record and share an Advance/ Anticipatory Care Plan; include plans for emergency care and treatment if the person’s health (or care at home) deteriorates rapidly or unexpectedly.

Talking about future care planning

■ Ask:
  - What do you know about your health problems and what might happen in the future?
  - ‘What matters’ to you? What are you worried about? What could help with those things?
  - Who should be contacted and how urgently if your health deteriorates?

■ Talk about:
  - The outcomes of hospital admission and treatments such as: IV antibiotics; surgery; interventions for stroke, vascular or cardiac disease; tube or IV feeding; ventilation.
  - Treatments that will not work or have a poor outcome for this person. (eg. CPR)
  - POA or proxy for decision-making in case the person loses capacity in the future.
  - Help and support for family/ informal caregivers.

Tips on starting conversations about deteriorating health

■ I wish we had a treatment for..., but could we talk about what we can do if that’s not possible?
■ I am glad you feel better and I hope you will stay well, but I am worried that you could get ill again...
■ Can we talk about how we might manage with not knowing exactly what will happen and when?
■ If you were to get less well in the future, what would be important for us to think about?
■ Some people want to talk about whether to go to hospital or be cared for at home....

www.spict.org.uk

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