As an independent Christian charity, HammondCare champions life.
Palliative care aims to make people as comfortable and symptom-free as possible during the course of a progressive life-limiting illness.

At HammondCare, we aim to provide comprehensive support for the person, their family and other carers. We offer support which embraces physical, psychological, social and spiritual needs.

This resource booklet is to be used in conjunction with the HammondCare Palliative Care: End of life flip chart.

Please do not remove pages from this booklet. If required please photocopy pages in this booklet for individual use. To purchase copies of the Palliative Care Resource Book and Palliative Care Flipchart: hammond.com.au/shop/palliative-care
Ask “The Surprise Question”
Ask yourself: Would you be surprised if the patient were to die in the next 6 months?
If you are unsure about the surprise question refer to the SPICT tools (Pages 2 and 3)

<table>
<thead>
<tr>
<th>Triggers to discuss resident at needs rounds</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>One or more of:</td>
<td></td>
</tr>
<tr>
<td>1. You would not be surprised if the resident died in the next six months</td>
<td>□ Change in medications, ie - cease any non essential medication - review route of medication - organise anticipatory S/C EOL medication (Page 13)</td>
</tr>
<tr>
<td>2. Answering yes to indicators on SPICT tool (Page 2)</td>
<td>□ Organise a substitute decision maker</td>
</tr>
<tr>
<td>3. No plans in place for last six months of life/no advance care plan</td>
<td>□ Develop and document an advance care plan in consultation with family</td>
</tr>
<tr>
<td>4. Conflict within the family around treatment and care options</td>
<td>□ Organise a case conference involving family</td>
</tr>
<tr>
<td>5. Transferred to our facility for end of life care</td>
<td>□ Is the plan current?</td>
</tr>
<tr>
<td></td>
<td>□ External referrals (e.g. pastoral care, Dementia Support Australia, volunteer, AART team). Refer to the Quick Links, Page 39: Northern Sydney Services</td>
</tr>
</tbody>
</table>

Date of assessment ___________________________ Date of last family conference ___________________________

Comments/Items to action ________________________________________________________________
### The SPICT Tool

The SPICT is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.

#### Look for any general indicators of poor or deteriorating health.
- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (e.g., The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems.
- The person’s carer needs more help and support.
- Progressive weight loss; remains underweight; low muscle mass.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

#### Look for clinical indicators of one or multiple life-limiting conditions.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cancer</strong></td>
<td>Functional ability deteriorating due to progressive cancer.</td>
</tr>
<tr>
<td></td>
<td>Too frail for cancer treatment or treatment is for symptom control.</td>
</tr>
<tr>
<td><strong>Dementia/ frailty</strong></td>
<td>Unable to dress, walk or eat without help.</td>
</tr>
<tr>
<td></td>
<td>Eating and drinking less; difficulty with swallowing.</td>
</tr>
<tr>
<td></td>
<td>Urinary and faecal incontinence.</td>
</tr>
<tr>
<td></td>
<td>Not able to communicate by speaking; little social interaction.</td>
</tr>
<tr>
<td></td>
<td>Frequent falls; fractured femur.</td>
</tr>
<tr>
<td></td>
<td>Recurrent febrile episodes or infections; aspiration pneumonia.</td>
</tr>
<tr>
<td><strong>Neurological disease</strong></td>
<td>Progressive deterioration in physical and/or cognitive function despite optimal therapy.</td>
</tr>
<tr>
<td></td>
<td>Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.</td>
</tr>
<tr>
<td></td>
<td>Recurrent aspiration pneumonia; breathlessness or respiratory failure.</td>
</tr>
<tr>
<td></td>
<td>Persistent paralysis after stroke with significant loss of function and ongoing disability.</td>
</tr>
<tr>
<td><strong>Heart/ vascular disease</strong></td>
<td>Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.</td>
</tr>
<tr>
<td><strong>Respiratory disease</strong></td>
<td>Severe, inoperable peripheral vascular disease.</td>
</tr>
<tr>
<td><strong>Kidney disease</strong></td>
<td>Stage 4 or 5 chronic kidney disease (eGFR &lt; 30ml/min) with deteriorating health.</td>
</tr>
<tr>
<td></td>
<td>Kidney failure complicating other life limiting conditions or treatments.</td>
</tr>
<tr>
<td><strong>Liver disease</strong></td>
<td>Cirrhosis with one or more complications in the past year:</td>
</tr>
<tr>
<td></td>
<td>• diuretic resistant ascites</td>
</tr>
<tr>
<td></td>
<td>• hepatic encephalopathy</td>
</tr>
<tr>
<td></td>
<td>• hepatorenal syndrome</td>
</tr>
<tr>
<td></td>
<td>• bacterial peritonitis</td>
</tr>
<tr>
<td></td>
<td>• recurrent variceal bleeds</td>
</tr>
<tr>
<td></td>
<td>Liver transplant is not possible.</td>
</tr>
</tbody>
</table>

#### Other conditions
Deteriorating and at risk of dying with other conditions or complications that are not reversible; any treatment available will have a poor outcome.

#### Review current care and care planning.
- Review current treatment and medication to ensure the person receives optimal care; minimise polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family. Support family carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, communicate and coordinate the care plan.
### SPICT Tool 4ALL

**Supportive and Palliative Care Indicators Tool (SPICT-4ALL™)**

The SPICT™ helps us to look for people who are less well with one or more health problems. These people need more help and care now, and a plan for care in the future. Ask these questions:

#### Does this person have signs of poor or worsening health?

- Unplanned (emergency) admission(s) to hospital.
- General health is poor or getting worse; the person never quite recovers from being more unwell. (This can mean the person is less able to manage and often stays in bed or in a chair for more than half the day)
- Needs help from others for care due to increasing physical and/ or mental health problems.
- The person’s carer needs more help and support.
- Has lost a noticeable amount of weight over the last few months; or stays underweight.
- Has troublesome symptoms most of the time despite good treatment of their health problems.
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

#### Does this person have any of these health problems?

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Heart or circulation problems</th>
<th>Kidney problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less able to manage usual activities and getting worse.</td>
<td>Heart failure or has bad attacks of chest pain. Short of breath when resting, moving or walking a few steps.</td>
<td>Kidneys are failing and general health is getting poorer.</td>
</tr>
<tr>
<td>Not well enough for cancer treatment or treatment is to help with symptoms.</td>
<td>Very poor circulation in the legs; surgery is not possible.</td>
<td>Stopping kidney dialysis or choosing supportive care instead of starting dialysis.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dementia/ frailty</th>
<th>Lung problems</th>
<th>Liver problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to dress, walk or eat without help.</td>
<td>Unwell with long term lung problems. Short of breath when resting, moving or walking a few steps even when the chest is at its best.</td>
<td>Worsening liver problems in the past year with complications like:</td>
</tr>
<tr>
<td>Eating and drinking less; difficulty with swallowing.</td>
<td>Needs to use oxygen for most of the day and night.</td>
<td>• fluid building up in the belly</td>
</tr>
<tr>
<td>Has lost control of bladder and bowel.</td>
<td>Has needed treatment with a breathing machine in the hospital.</td>
<td>• being confused at times</td>
</tr>
<tr>
<td>Not able to communicate by speaking; not responding much to other people.</td>
<td></td>
<td>• kidneys not working well</td>
</tr>
<tr>
<td>Frequent falls; fractured hip.</td>
<td></td>
<td>• infections</td>
</tr>
<tr>
<td>Frequent infections; pneumonia.</td>
<td></td>
<td>• bleeding from the gullet</td>
</tr>
</tbody>
</table>

**Nervous system problems** (eg Parkinson’s, MS, stroke, motor neurone disease)

<table>
<thead>
<tr>
<th>Physical and mental health are getting worse.</th>
<th>Other conditions</th>
<th>Other conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>More problems with speaking and communicating; swallowing is getting worse.</td>
<td>People who are less well and may die from other health problems or complications. There is no treatment available or it will not work well.</td>
<td></td>
</tr>
<tr>
<td>Chest infections or pneumonia; breathing problems.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe stroke with loss of movement and ongoing disability.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### What we can do to help this person and their family.

- Start talking with the person and their family about why making plans for care is important.
- Ask for help and advice from a nurse, doctor or other professional who can assess the person and their family and help plan care.
- We can look at the person’s medicines and other treatments to make sure we are giving them the best care or get advice from a specialist if problems are complicated or hard to manage.
- We need to plan early if the person might not be able to decide things in the future.
- We make a record of the care plan and share it with people who need to see it.

---

SPICT-4ALL™, June 2017

Please register on the SPICT website (www.spict.org.uk) for information and updates.
# Palliative Care Referral Form

Download this form from:

---

**Completing All Details or Affix Patient Label Here**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Name</td>
<td></td>
</tr>
<tr>
<td>Given Name</td>
<td></td>
</tr>
<tr>
<td>MRN</td>
<td></td>
</tr>
<tr>
<td>M.O Date of birth</td>
<td></td>
</tr>
<tr>
<td>Male/Female</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Location/Ward</td>
<td></td>
</tr>
</tbody>
</table>

**Referral to:**
- [ ] Palliative Care Inpatient Unit
- [ ] Community Palliative Care Service

**Attention:**
- [ ] Staff Specialist (Greenwich)
- [ ] Staff Specialist (Neringah)
- [ ] Staff Specialist (Northern Beaches)

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrer’s Name</td>
<td></td>
</tr>
<tr>
<td>Referrer’s Contact Number</td>
<td></td>
</tr>
<tr>
<td>Referral’s Facility</td>
<td></td>
</tr>
<tr>
<td>On behalf of Doctor</td>
<td></td>
</tr>
<tr>
<td>Doctor’s Provider Number</td>
<td></td>
</tr>
<tr>
<td>GP Name (if not referring doctor)</td>
<td></td>
</tr>
<tr>
<td>Practice Name</td>
<td></td>
</tr>
<tr>
<td>GP Phone Number</td>
<td></td>
</tr>
<tr>
<td>Is GP aware of referral?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

**Reason for Referral (select one or more if applicable):**
- [ ] Symptom control
- [ ] Terminal care
- [ ] Psychosocial support
- [ ] Supportive care

**Diagnosis and treatment (previous & current):**

**Medical history:**

**NSW Health Resuscitation Plan completed?**
- [ ] Yes
- [ ] No

**Relevant additional documents not available on eMR attached**
- [ ] Yes
- [ ] No
- [ ] N/A

**Infection status and location:**

**Special instructions:**
- (tracheostomy, wound care, CVADs, PEG, modified diet needs)

**Falls risk / behavioural concerns:**

**Functional status:**
- [ ] Independent
- [ ] Partial assist
- [ ] Full assist

**Skin integrity:**
- [ ] Independent
- [ ] Partial assist
- [ ] Full assist

**Waterlow score:**

**Patient and family concerns:**

**Understanding of disease:**

**Goals of care:**

**Spiritual / cultural needs:**

**Referring Doctor's Signature:**

**Date:**

**Please fax completed referral to:**
- Greenwich Hospital – Inpatient Unit  Tel: 9903 8227  Fax: 9903 8100
- Neringah Hospital – Inpatient Unit  Tel: 9488 2200  Fax: 9487 1599
- Palliative Care Community North  Tel: 1800 427 255  Fax: 9903 8265

(For urgent referrals please phone the relevant number above)
Palliative Care Outcomes Collaboration (PCOC) tools:

### Australia-modified Karnofsky Performance Scale (AKPS)

<table>
<thead>
<tr>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal; no complaints; no evidence of disease</td>
<td>100</td>
</tr>
<tr>
<td>Able to carry on normal activity; minor sign of symptoms of disease</td>
<td>90</td>
</tr>
<tr>
<td>Normal activity with effort; some signs or symptoms of disease</td>
<td>80</td>
</tr>
<tr>
<td>Cares for self; unable to carry on normal activity or to do active work</td>
<td>70</td>
</tr>
<tr>
<td>Able to care for most needs; but requires occasional assistance</td>
<td>60</td>
</tr>
<tr>
<td>Considerable assistance and frequent medical care required</td>
<td>50</td>
</tr>
<tr>
<td>In bed more than 50% of the time</td>
<td>40</td>
</tr>
<tr>
<td>Almost completely bedfast</td>
<td>30</td>
</tr>
<tr>
<td>Totally bedfast and requiring extensive nursing care by professionals and/or family</td>
<td>20</td>
</tr>
<tr>
<td>Comatose or barely rousable</td>
<td>10</td>
</tr>
<tr>
<td>Dead</td>
<td>0</td>
</tr>
</tbody>
</table>

### POTENTIAL ACTIONS FOLLOWING RUG-ADL ASSESSMENT:

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Score</th>
<th>Recommended Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed mobility, Toileting, Transfer</td>
<td>Independent / supervision only</td>
<td>1</td>
<td>- Provide equipment if required (bed mobility aid or walking aid etc.)</td>
</tr>
<tr>
<td></td>
<td>Limited physical assistance</td>
<td>3</td>
<td>- Ensure plan clearly describes the assistance required by staff</td>
</tr>
<tr>
<td></td>
<td>Other than two person physical assist</td>
<td>4</td>
<td>- Provide equipment / device as required</td>
</tr>
<tr>
<td></td>
<td>Two or more person physical assist</td>
<td>5</td>
<td>- Ensure plan clearly describes the assistance required by staff</td>
</tr>
<tr>
<td>Eating</td>
<td>Independent / supervision only</td>
<td>1</td>
<td>- Monitor for changes</td>
</tr>
<tr>
<td></td>
<td>Limited assistance</td>
<td>2</td>
<td>- Provide assistance required according to service guidelines / protocols</td>
</tr>
<tr>
<td></td>
<td>Extensive assistance / total dependence / tube fed</td>
<td>3</td>
<td>- Ensure plan clearly describes the assistance and aids required by staff</td>
</tr>
</tbody>
</table>

### Total Score Range

<table>
<thead>
<tr>
<th>Total Score Range</th>
<th>Recommended Actions for Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Score of 4-5</td>
<td>Independent. Monitor</td>
</tr>
<tr>
<td>Total Score of 6-13</td>
<td>Requires assistance. May be at risk of falls and pressure areas</td>
</tr>
<tr>
<td>Total Score of 14-17</td>
<td>Requires assistance of 1 plus equipment. Greater risk of falls and pressure areas</td>
</tr>
<tr>
<td>Total Score of 18</td>
<td>Requires 2 assist for all care. Greater risk of pressure areas</td>
</tr>
</tbody>
</table>
## Palliative Care Outcomes Collaboration (PCOC) tool: Phases

The palliative care phase identifies a clinically meaningful period in a patient’s condition. The palliative care phase is determined by a holistic clinical assessment which considers the needs of the patients and their family and carers.

<table>
<thead>
<tr>
<th>START</th>
<th>END</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stable</strong></td>
<td>The needs of the patient and/or family/carer increase, requiring changes to the existing plan of care.</td>
</tr>
</tbody>
</table>
| Patient problems and symptoms are adequately controlled by established plan of care **and**  
  • Further interventions to maintain symptom control and quality of life have been planned **and**  
  • Family/carer situation is relatively stable and no new issues are apparent. | |
| **Unstable** | • The new plan of care is in place, it has been reviewed and no further changes to the care plan are required. This does not necessarily mean that the symptom/crisis has fully resolved but there is a clear diagnosis and plan of care (i.e. patient is stable or deteriorating) **and/or**  
  • Death is likely within days (i.e. patient is now terminal). |
| An urgent change in the plan of care or emergency treatment is required **because**  
  • Patient experiences a new problem that was not anticipated in the existing plan of care, **and/or**  
  • Patient experiences a rapid increase in the severity of a current problem; **and/or**  
  • Family/carers circumstances change suddenly impacting on patient care. | |
| **Deteriorating** | • Patient condition plateaus (i.e. patient is now stable) **or**  
  • An urgent change in the care plan or emergency treatment **and/or**  
  • Family/carers experience a sudden change in their situation that impacts on patient care, and urgent intervention is required (i.e. patient is now unstable) **or**  
  • Death is likely |
| The care plan is addressing anticipated needs but requires periodic review **because**  
  • Patients overall functional status is declining **and**  
  • Patient experiences a gradual worsening of existing problem **and/or**  
  • Patient experiences a new but anticipated problem **and/or**  
  • Family/carers experience gradual worsening distress that impacts on the patient care. | |
| **Terminal** | • Patient dies **or**  
  • Patient condition changes and death is no longer likely within days (i.e. patient is now stable or deteriorating). |
| Death is likely within days. | |
| **Bereavement – post death support** | • Case closure  
  Note: If counselling is provided to a family member or carer, they become a client in their own right. |
| The patient has died  
  • Bereavement support provided to family/carers is documented in the deceased patient’s clinical record. | |

# Appendix 5: Abbey Pain Scale

For measurement of pain in people with dementia who cannot verbalise

**How to use scale:** While observing the resident, score questions 1 to 6

<table>
<thead>
<tr>
<th>Question</th>
<th>Absent</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. Vocalisation</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>Q1</td>
</tr>
<tr>
<td>eg. whispering, groaning, crying</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q2. Facial Expression</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>Q2</td>
</tr>
<tr>
<td>eg. looking tense, frowning, grimacing, looking frightened</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3. Change in Body Language</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>Q3</td>
</tr>
<tr>
<td>eg. fidgeting, rocking, guarding part of body, withdrawn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q4. Behavioural Change</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>Q4</td>
</tr>
<tr>
<td>eg. increased confusion, refusing to eat, alteration in usual patterns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q5. Physiological Change</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>Q5</td>
</tr>
<tr>
<td>eg. temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q6. Physical Changes</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>Q6</td>
</tr>
<tr>
<td>eg. skin tears, pressure areas, arthritis, contractures, previous injuries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Add scores for 1 - 6 and record here: Total pain score
- Now tick the box that matches the Total
  - 0-2 - No Pain
  - 3-7 - Mild
  - 8-13 - Moderate
  - 14+ - Severe
- Finally tick the box which matches the type of pain
  - Chronic
  - Acute
  - Acute on Chronic

Abbey, J; De Bellis, A; Piller, N; Esterman, A; Giles, L; Parker, D and Lowcay, B. Funded by the JH & JD Gunn Medical Research Foundation 1998 - 2002

(This document may be reproduced with this acknowledgement retained)
**Abbey Pain Scale**

<table>
<thead>
<tr>
<th></th>
<th>DATE AND TIME</th>
<th>DATE AND TIME</th>
<th>DATE AND TIME</th>
<th>DATE AND TIME</th>
<th>DATE AND TIME</th>
<th>DATE AND TIME</th>
<th>DATE AND TIME</th>
<th>DATE AND TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>VOCALISATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>eg. whispering, groaning, crying</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absent - 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild - 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate - 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe - 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FACIAL EXPRESSION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>eg. looking tense, frowning, grimacing, looking frightened</td>
<td></td>
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<tr>
<td>Absent - 0</td>
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<td>Mild - 1</td>
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<tr>
<td>Moderate - 2</td>
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<tr>
<td>Severe - 3</td>
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<tr>
<td>CHANGE IN BODY</td>
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<tr>
<td>eg: fidgeting, rocking, guarding part of body, withdrawn</td>
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<td>Absent - 0</td>
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<td>Mild - 1</td>
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<td>Severe - 3</td>
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<tr>
<td>BEHAVIOURAL CHANGE</td>
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<tr>
<td>eg: increased confusion, refusing to eat, alteration in usual patterns</td>
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<td>Absent - 0</td>
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<td>Severe - 3</td>
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<tr>
<td>PHYSIOLOGICAL CHANGES</td>
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<tr>
<td>eg: temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor</td>
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<td>Absent - 0</td>
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<td>Severe - 3</td>
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<td>PHYSICAL CHANGES</td>
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<tr>
<td>eg: skin tears, pressure areas, arthritis, contractures, previous injuries</td>
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<tr>
<td>Severe - 3</td>
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<td></td>
</tr>
<tr>
<td>Total score</td>
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<td></td>
</tr>
</tbody>
</table>

Signature of person

The Abbey Pain Scale is an instrument designed to assist in the assessment of pain in patients who are unable to clearly articulate their needs, for example, patients with dementia, cognition or communication issues. The scale does not differentiate between distress and pain, so measuring the effectiveness of pain-relieving interventions is essential. The Australian Pain Society recommends the pain scale should be used as a movement-based assessment. Therefore observe the patient while they are being moved, during pressure area care, while showering, etc. Complete the scale immediately following the procedure and record the results on the Abbey Pain tool chart.

A second evaluation should be conducted 1 hour after any intervention taken. If, at this assessment, the score on the pain scale is the same, or worse, consider further intervention and act as appropriate. Complete the scale hourly until the patient scores mild pain then 4 hourly for 24 hours treating pain if it recurs.

If the pain/distress persists, undertake a comprehensive assessment of all facets of the patients care and monitor closely over 24 hours including further intervention undertaken.

If there is no improvement in that time, then it is essential to notify the GP of ongoing pain scores and actions taken.

Modified from Hywel Dda University Health Board NHS 2013; Wales, UK
Pain Management Using Pain Recognition Technology

**PainChek** is the world’s first pain assessment tool that has regulatory clearance in Australia and Europe.

Using AI and facial recognition technology, PainChek® provides carers across multiple clinical areas with three important new clinical benefits: https://www.painchek.com/

1. The ability to identify the presence of pain, when pain isn’t obvious
2. To quantify the severity level of pain, when pain is obvious, and;
3. To monitor the impact of treatment to optimise overall care

**Funding is available from the Department of Health**

Follow this link to access the expression of interest (EOI) campaign for residential aged care organisations to complete 12 month funded grants available:

http://painchek.com/painchek-grant/

How to organise an Implantable Cardioverter Defibrillator (ICD) to be turned off

1. Ensure family are aware, understand and give consent.
2. Discuss with the GP and ensure that the GP has documented and authorised the defibrillator to be turned off in the patient’s progress notes
3. Contact the person’s cardiologist (you may need to ask family if you cannot find details in file)
4. Ask cardiologist which implantable defibrillator was used.
5. Contact the company and ask for the local area representative contact details. Contact the rep and request a visit to deactivate the devise

ISBAR Tool to Assist with Effective Communication

**ISBAR Clinical Handover**

**Introduction**
- Introduce yourself, your role and location
- Identify team leader
- Clearly identify patient and family and carer if present

**Situation**
- State the immediate clinical situation
- State particular issues, concerns or risks
- Identify risks – deteriorating patient, falls risk, allergies, limitations to resuscitation

**Background**
- Provide relevant clinical history referring to medical record and/or eMR

**Assessment**
- Work through A-G physical assessment
- Refer to observations, medication and other patient charts
- Summarise current risk management strategies
- Have observations breached CERS criteria?

**Recommendation**
- Recommendations for the shift
- Refer to medical record or eMR
- What further assessments and actions are required by who and when
- State expected frequency of observations
- Request that receiver read back important actions required

**ISBAR Clinical Deterioration**

**Introduction**
- Introduce yourself, your role and location
- Identify the patient

**Situation**
- State the immediate clinical situation

**Background**
- Provide relevant clinical history and background
- Presenting problems and clinical history

**Assessment**
- Work through A-G physical assessment
- What clinical observations are of particular concern?
- What do you think the problem is?
- Remember to have current observations and information ready!

**Recommendation**
- What do you want the person you have called to do?
- What have you done?
- Be clear about what you are requesting and the timeframe
- Repeat to confirm what you have heard

Please refer to the Aged Care Rapid Response Team Flip Chart for more information
### Palliative Care Equipment Stock List

#### PRN or 4/24 subcutaneous medication administration

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Quantity</th>
<th>Ref.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Puncture proof receptable - kidney dish</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>BD saf-t-intima 24g 0.75in</td>
<td>4</td>
<td>383313</td>
</tr>
<tr>
<td>4</td>
<td>Smart site needle free valve Care fusion 11717232</td>
<td>2</td>
<td>2000E</td>
</tr>
<tr>
<td>5</td>
<td>Normal saline or water for injection for flushing 10ml ampoules</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Alcohol wipes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Permeable transparent dressing - IV3000, Tegaderm 6cm x 6cm</td>
<td>7</td>
<td>9354HP</td>
</tr>
<tr>
<td>8</td>
<td>Drawing up needles 18g 1/2 12mm x 38mm</td>
<td>8</td>
<td>300204</td>
</tr>
<tr>
<td>9</td>
<td>BD 1ml syringe</td>
<td></td>
<td>309628</td>
</tr>
<tr>
<td>10</td>
<td>BD 3ml syringe</td>
<td></td>
<td>302113</td>
</tr>
<tr>
<td>11</td>
<td>BD 5ml syringe</td>
<td></td>
<td>302135</td>
</tr>
</tbody>
</table>

#### For Syringe Drivers

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Quantity</th>
<th>Ref.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BD Plastipak 20mls (leu r lock)</td>
<td></td>
<td>300629</td>
</tr>
<tr>
<td>2</td>
<td>Extension set Microbore 150mm Priming volume 1.2mls</td>
<td></td>
<td>503.07</td>
</tr>
<tr>
<td>3</td>
<td>Alkaline 9V battery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>For Subcutaneous Use Only’ Label</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Pressure Area Protection and use in Pressure Injury

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Quantity</th>
<th>Ref.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mepilex with safetac technology Molnycke Health Care</td>
<td>10cm x 10cm</td>
<td>7310791103310</td>
</tr>
<tr>
<td>2</td>
<td>Mepilex border</td>
<td>7.5cm x 7.5cm</td>
<td>1637361</td>
</tr>
<tr>
<td>3</td>
<td>Mepilex border</td>
<td>10cm x 10cm</td>
<td>1637370</td>
</tr>
</tbody>
</table>
Palliative Care Essential Equipment

1. Bicarbonate impregnated mouth swabs
2. Lip balm
3. Oral balance gel
4. Aqua mouth spray
5. Sorbolene body lotion/cream
6. Sudocream
7. Dermalux soft towel lotion
8. Dry shampoo
9. Essential / aromatherapy oils
10. Ozone electric air diffuser
11. Oxygen ear protector
12. Nozoil nasal drops
13. Fess nasal spray
14. Zeoz105 Bag of Rocks (odour control rocks)
15. Lubricating eye drops such as polytears
16. Extra pillows
17. CD player and the person’s favourite music
18. Desk or room fan
19. Pressure relieving mattress
Palliative Care End of Life Medications – Initial Suggested Doses

PAIN / SHORTNESS OF BREATH
a) If not on an opioid: If no SOB or pain: Morphine 2.5-5mg S/C q2/24 prn
   (Max 6 doses per 24hrs)
   If pain or SOB present: Morphine 2.5mg s/c q4-6/24 regularly plus
   Morphine 2.5-5mg S/C q 2/24 prn
   (Max 6 additional PRN doses per 24hrs).

b) If pain or SOB present: Convert regular oral opioid to s/c morphine q4/24
   plus 1/6th total daily dose s/c q 2/24 prn
   (Max 6 doses per 24hrs)

For impaired renal function or if there is a morphine allergy: suggest charting S/C
Hydromorphone 0.5mg instead of S/C Morphine 2.5mg PRN max 6 doses per 24hrs.
Please refer to the Opioid Conversion Guide on page 14.

NAUSEA & VOMITING
Metoclopramide 10 mg s/c QID regularly
   (if nausea present) or prn (if no nausea)
   Or
   Haloperidol 0.5-1mg S/C q4/24 prn (max
   3mg per 24hrs)

Avoid Haloperidol and Metoclopramide
in Parkinsons Disease. Instead suggest
Ondansetron 4mg S/L QID prn

Avoid Maxalon for bowel obstruction

TERMINAL DELIRIUM / RESTLESSNESS / AGITATION
Midazolam 2.5mg s/c q2/24 prn
   (max 15mg per 24hrs)

ANXIETY
Lorazepam 0.5 mg sublingual tds prn
   Or
   Clonazepam sublingual drops 0.2 to 0.5mg
   bd prn

CONSTITUTION
Please see Bowel Management
guidelines, page 18

TERMINAL SECRECTIONS
Reposition patient to help drain
secretions and reassure family and carers

MOUTH CARE
Regular q4/24 Sodium Bicarbonate mouth
swabs, Oral Balance gel and lip balm

DRY EYES
Lubricating eye drops BD

SEIZURES
Seizure prophylaxis
Clonazepam 1 mg s/c or sublingual bd
Acute Seizure
Midazolam 5 mg S/C repeated at 5 minute
intervals if seizure persists

Clinical Excellence Commission.
Last Days if Life Anticipatory Prescribing
Recommendations 2017
Palliative Care Therapeutic Guidelines
healthpathways@snhn.org.au

If symptoms are not responding to the above suggested medications please contact
the Palliative Care Team for advice.
Opioid Conversion Chart

Conversion factors are a guide only. Patients should be treated individually. Patients on opioids require regular laxatives (e.g. Coloxyl with Senna)

### Converting from Morphine to other Opioids and vice versa

<table>
<thead>
<tr>
<th>Drug</th>
<th>Oral</th>
<th>Subcut</th>
<th>Equi-analgesic conversion to oral Morphine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine</td>
<td>10mg</td>
<td>5mg</td>
<td></td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>2mg</td>
<td>1mg</td>
<td>Multiply by 5</td>
</tr>
<tr>
<td>Codeine</td>
<td>100mg</td>
<td>Avoid</td>
<td>Divide by 10</td>
</tr>
</tbody>
</table>

**NOTE:**
- 1 tablet Panadeine Forte = 30mg + Codeine + 500mg Paracetamol
- 1 tablet Panadeine = 8mg Codeine + 500mg Paracetamol
- Doses of Codeine over 60mg every 4–6 hours are not recommended

<table>
<thead>
<tr>
<th>Drug</th>
<th>Oral</th>
<th>Subcut</th>
<th>Equi-analgesic conversion to oral Morphine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxycodone</td>
<td>7mg</td>
<td>3.5mg</td>
<td>Multiply by 1.5</td>
</tr>
<tr>
<td>Tramadol</td>
<td>100mg</td>
<td>Avoid</td>
<td>Divide by 10</td>
</tr>
<tr>
<td>Methadone</td>
<td>Variable</td>
<td></td>
<td>Discuss with consultant</td>
</tr>
</tbody>
</table>

### Converting from transdermal Buprenorphine and transdermal Fentanyl to Morphine

<table>
<thead>
<tr>
<th>Patch size</th>
<th>Hourly rate</th>
<th>Conservative conversion to oral Morphine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine (Norspan) change weekly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5mg</td>
<td>5 mcg/hr</td>
<td>12mg/day</td>
</tr>
<tr>
<td>10mg</td>
<td>10 mcg/hr</td>
<td>24mg/day</td>
</tr>
<tr>
<td>20mg</td>
<td>20 mcg/hr</td>
<td>48mg/day</td>
</tr>
</tbody>
</table>

| Fentanyl (Durogesic) change every 72 hrs |
| 2.1mg             | 12mcg/hr    | 30mg/day                                 |
| 4.2mg             | 25 mcg/hr   | 60mg/day                                 |
| 8.4mg             | 50mcg/hr    | 120mg/day                                |
| 12.6mg            | 75 mcg/hr   | 180mg/day                                |
| 16.8mg            | 100 mcg/hr  | 240mg/day                                |

Due to the possibility of poor transdermal absorption in palliative care patients, conversion from transdermal Buprenorphine (Norspan) or Fentanyl (Durogesic) to Morphine should be very conservative.

HammondCare Palliative & Supportive Care Service Opioid Conversion Card
Revised January 2018
Opioid Calculator – FPM ANZCA

**SUMMARY:** Designed by the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (FPM ANZCA), this app helps physicians calculate the total oral Morphine Equivalent Daily Dose (oMEDD). It is especially helpful for calculating the oMEDD when combinations of opioids are used.

**PLATFORMS:** Android and iOS devices, Web

**COST:** Free

Please download calculator here:

GooglePlay:

App Store:
https://itunes.apple.com/WebObjects/MZStore.woa/wa/iewSoftware?id=1039219870&mt=8
Breathlessness Action Plan to talk through with someone who is breathless

Name: _________________________________________________________________________________

**Action Plan**

Coach the person to:

1. **Stop & get comfortable**
   
   Sit or lean against something.

2. **Breathe slowly**
   
   with pursed lips 3 seconds in, 3 seconds out.

3. **Use a fan and direct it at the persons face**
   
   This will stimulate the trigeminal nerve, which tricks the brain and helps with breathing.

4. **Administer PRN medication**
   
   see page 13.
### Bristol Stool Chart

<table>
<thead>
<tr>
<th>Type 1</th>
<th>Separate hard lumps. Like nuts (hard to pass)</th>
<th>Rectal Examination</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 2</td>
<td>Sausage-Shaped but lumpy</td>
<td>EC</td>
<td>Empty collapsed</td>
</tr>
<tr>
<td>Type 3</td>
<td>Like a sausage but with cracks on its surface</td>
<td>ED</td>
<td>Empty dilated</td>
</tr>
<tr>
<td>Type 4</td>
<td>Like a sausage or snake, smooth and soft</td>
<td>FDS</td>
<td>Full dilated soft</td>
</tr>
<tr>
<td>Type 5</td>
<td>Soft blobs with clear cut edges (passed easily)</td>
<td>FDH</td>
<td>Full dilated hard</td>
</tr>
<tr>
<td>Type 6</td>
<td>Fluffy pieces with ragged edges, a mushy stool</td>
<td>Specify</td>
<td></td>
</tr>
<tr>
<td>Type 7</td>
<td>Watery – no solid pieces, entirely liquid</td>
<td>(S) Small</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(M) Medium</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(L) Large</td>
<td></td>
</tr>
</tbody>
</table>

Date bowels last opened:
Bowel Management Guidelines

**KEY**

**BNO**: Bowels not opened

**MO**: Medical officer

Milkshake: 30mg sennocide (for example: 7.5mg x 4 tablets of senokot or senna-gem), 20mls Aperitif

---

### Day 1 BNO

- **BNO**: Bowels not opened

### Day 2 BNO

- **Notify MO**
- **Day 3 BNO**

### Day 2 BNO

- **Notify MO**
- **Day 3 BNO**

### Day 1 BNO

- **Notify MO**
- **Day 3 BNO**

---

### Monitoring bowel movements

- **Rectum empty and collapsed**
  - Give 1-2 Glycerol / Bisacodyl suppositories
  - Give Milkshake or High Microlax enema x 2 in 150ml of warm water

- **Rectum full of soft faeces**
  - Give 1-2 Glycerol / Bisacodyl suppositories
  - Give Milkshake

- **Rectum full of hard faeces**
  - Give 1-2 Glycerol / Bisacodyl suppositories

- **Rectum balloononed or dilated**
  - Give 1-2 Glycerol / Bisacodyl suppositories

---

### Monitoring the following symptoms

- **Excessive laxatives, consider**
  - Extra laxatives
  - Consider Milkshake

---

### Additional considerations

- **Patient is at risk for bowel movement**
  - Give regular Milkshake
  - Monitor patient
Difficulties Swallowing

How to check if someone has an impaired swallowing reflex and signs of problems swallowing

Difficulties swallowing is a common symptom of Advanced Disease, Advanced Dementia and End of Life.

All people experience problems swallowing at the end of life which is called: Dysphagia. It is important to ALWAYS check if the person you are caring for is swallowing safely.

Problems swallowing can cause: Aspiration Pneumonia which means the food or fluid goes "down the wrong way" and enters the lungs, not the stomach.

How to check if someone is swallowing safely:

1. Make sure the person is: alert, upright and having no problems breathing.
2. Never do this check lying down.
3. Check the person’s mouth: if it is dry and dirty then eating will be very difficult and the chance of aspirating is increased.
4. If the person is holding food or tablets in their mouth, ensure they have an appropriate diet ordered: soft, minced, pureed, soups, small meals. And appropriate fluids: thin or thickened.
5. If the person wears dentures, make sure they are clean, and not loose or rubbing which can cause pain and discomfort. Do the dentures need to be left out and the person’s diet changed? Inform and reassure family that when deteriorating: gum size changes and avoid unnecessary dental intervention.
6. If required please request a speech pathology review.

Problems you may find:

1. Coughing even if the person coughs slightly while or soon after drinking or eating: Stop and try again later. Explain to the person and family what is happening and the risks associated.
2. Retains food or medication in mouth for long period of time, Change diet, request the GP reviews oral tablets.
3. Not attempting to swallow food: Stop and try again later. If needed change diet.
4. Spitting out lumps of food or chews for an extended period of time. Change diet.
5. Moist breathing sounding chesty or gurgled. Stop and explain to the family that this could mean that the person has possibly aspirated.

Make sure you are aware which tablets are designed to be slowly released and can never be crushed.

Make sure regular mouth care is charted and attended.

# Trouble Shooting for Syringe Driver

## Alarms Guide

<table>
<thead>
<tr>
<th>Intermittent audible ALARMS</th>
<th>Possible causes</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen display</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occlusion</td>
<td>Infusion line clamped</td>
<td>Release clamp</td>
</tr>
<tr>
<td>Syringe Empty</td>
<td>Tubing occluded</td>
<td>Clear occlusion</td>
</tr>
<tr>
<td>Check Line &amp; Syringe</td>
<td>Crystallisation of line and or cannula</td>
<td>Change cannula and line</td>
</tr>
<tr>
<td></td>
<td>Driver has reached minimum travel position</td>
<td>Turn driver off if finished</td>
</tr>
<tr>
<td>Syringe displaced</td>
<td>Syringe detectors not detecting syringe due to being displaced</td>
<td>Check syringe and reposition as required</td>
</tr>
<tr>
<td>Check Syringe</td>
<td></td>
<td>Press YES to confirm</td>
</tr>
<tr>
<td>Pump paused too long</td>
<td>When there is no key pad input after two minutes</td>
<td>Continue programming</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Start infusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stop driver if not required</td>
</tr>
<tr>
<td>End program</td>
<td>Infusion completed</td>
<td>Turn driver off</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prepare new infusion</td>
</tr>
<tr>
<td>Single audible beep ALERTS</td>
<td>Possible causes</td>
<td>Action</td>
</tr>
<tr>
<td>Screen display</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Near End</td>
<td>Nearing end of infusion (App 15 Minutes) prior to completion</td>
<td>Prepare to turn driver off</td>
</tr>
<tr>
<td>Low Battery</td>
<td>Battery is almost fully depleted</td>
<td>Prepare to change battery</td>
</tr>
</tbody>
</table>
# Trouble Shooting for Syringe Driver

## Troubleshooting Guide

<table>
<thead>
<tr>
<th>Fault</th>
<th>Possible causes</th>
<th>Action</th>
</tr>
</thead>
</table>
| Driver will not start | - No battery present  
- Battery incorrectly placed in pump or very low  
- Faulty driver | - Insert battery  
- Insert battery correctly and check available power  
- Replace driver & inform NUM to get Biomedics to check driver |
| Infusion finishing early or late | - Incorrect rate set  
- Wrong syringe brand confirmed at set up  
- Driver incorrectly calibrated | - Check display screen against prescribed medication order  
- Change program if necessary  
- Retrain staff if necessary  
- Replace driver and inform NUM to get Biomedics to check driver |
| Driver has stopped prior to syringe contents being totally infused | - Flat battery  
- Occluded infusion set | - Replace battery  
- Clear occlusion |

---

For free Niki Syringe Driver online training modules:  
[http://www.cmemedical.co.uk/training/clinical-training/clinical-elearning/](http://www.cmemedical.co.uk/training/clinical-training/clinical-elearning/)

1. Click ACCESS OUR ELEARNING PORTAL  
2. If you are New User, log in by entering 'rem2008' and click Submit  
3. Complete Registration  
4. Returning User- complete log-in details & submit  
   Select 'T34 Ambulatory Syringe Pump'
NSW Ambulance Authorised Adult Palliative Care Plan

NSW Ambulance Authorised Palliative Care Plans (APCP) were developed to enable paramedics to provide individualised care to a patient, who has a life-limiting illness. The APCP will provide paramedics with the plan which has been developed by the medical practitioner in consultation with the patient and/or their person responsible. In order for the paramedic to follow the APCP it must be endorsed by NSW Ambulance. If the APCP is not endorsed, delay in the provision of the required treatment may result. Authorised Care Plans are only processed Mon – Fri (No Public Holidays)

Process for Endorsement

1. The form may be completed by either nurse of medical practitioners. Both medical and nurse practitioners may complete the medications and treatment options section of page 1. Medical practitioners only can complete the resuscitation status section of page 1.
2. In cases where the APCP is completed solely by a medical practitioner, one signature from the medical practitioner only is required on page 3. In cases where the APCP is jointly completed by a nurse practitioner and a medical practitioner both practitioners must sign their respective sections on page 3.
3. All fields must be completed and legible. Failure to complete the form legibly will result in the plans being returned to the author.
4. The completed form must be emailed to AMBULANCE-clinicalprotocolp1@health.nsw.gov.au or faxed to (02) 9320 7380 for NSW Ambulance endorsement.
5. Completed form is reviewed by NSW Ambulance and endorsed. If information is unclear or incomplete, the form may be returned to the author and will result in processing delays.
6. Completed form with a covering letter will be mailed back to the address indicated on the form (this can take up to 10 business days). If the patient/family agrees, the endorsed APCP can be emailed directly to the nominated email address in lieu of post. This will facilitate more timely access to the endorsed APCP. A copy of the endorsed APCP will also be emailed or faxed to the medical practitioner.

N.B. please notify NSW Ambulance if the APCP is no longer required or if the patient dies. APCPs remain valid for 12 months, after this time paramedics may not be able to follow the plan.

Paramedics carry a limited suite of routine medications (see list below). If the patient requires other medications to be administered to help manage symptoms, these medications must be available in the patient’s residence.

Paramedics are not able to access medications that are in a locked medication safe in a residential aged care facility (RACF) if the registered nurse is not available.

<table>
<thead>
<tr>
<th>Qualified Ambulance Paramedics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenaline</td>
</tr>
<tr>
<td>Compound sodium lactate</td>
</tr>
<tr>
<td>Fexofenadine</td>
</tr>
<tr>
<td>Glyceryl Trinitrate</td>
</tr>
<tr>
<td>Metoclopramide</td>
</tr>
<tr>
<td>Ondansetron</td>
</tr>
<tr>
<td>Tenecteplase</td>
</tr>
<tr>
<td>Amiodarone</td>
</tr>
<tr>
<td>Ketamine</td>
</tr>
</tbody>
</table>

Email: AMBULANCE-clinicalprotocolp1@health.nsw.gov.au or fax (02) 9320 7380

version 1.3–3 May 2018
NSW Ambulance Plan

Authorised Adult Palliative Care Plan

NSW Ambulance Trim Number: | NSW Ambulance Document Number:

<table>
<thead>
<tr>
<th>Patient’s Details</th>
<th>New APCP Patient □</th>
<th>Existing APCP Patient □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td>Given Name:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sex: Male □ Female □ Other □</td>
</tr>
<tr>
<td>Street No. &amp; Name</td>
<td></td>
<td>Home Ph:</td>
</tr>
<tr>
<td>Suburb:</td>
<td></td>
<td>Mobile:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Postcode:</td>
</tr>
</tbody>
</table>

Safety Issues at home: Yes □ No □ (If yes, please provide details)

Language: Interpreter required: Yes □ No □ Dialect:

Is the patient Aboriginal or Torres Strait Islander? Yes □ No □ Prefer not to say □

If patient is a hospital inpatient Hospital Name: MRN:

This section may be completed by a Medical or Nurse Practitioner

As required medications to be administered to manage symptoms (if required please add extra list)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Indication/s</th>
<th>Max 24 hour dose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Treatment Options

Aside from an intense focus on comfort, in the event of deterioration the following may be appropriate:

Respiratory Support: (Check box if appropriate)
- Pharyngeal Suction □
- Supplemental oxygen □
- Bag & Mask Ventilation □
- Intubation □

Are other non-urgent interventions appropriate? Yes □ No □

If yes (please check the appropriate interventions):
- Vascular access □
- IV Fluids □
- IV Antibiotics □

THIS SECTION MUST BE COMPLETED BY A MEDICAL PRACTITIONER

Resuscitation Status

In the event of cardiopulmonary arrest: CPR □ NO CPR □

Rationale for withholding CPR:
- Withholding CPR complies with the competent patient’s verbally expressed wishes. □
- Withholding CPR complies with the patient’s applicable Advance Care Directive. □
- The patient’s Enduring Guardian agrees that withholding CPR is consistent with the patient’s wishes. □
- The patient’s condition is such that CPR is likely to result in negligible clinical benefit. □

For NSW use only:

Date of Receipt: Renewal Date:
TRIM NUMBER: PT DOCUMENT NUMBER:

Endorsed by Name:
Signature: Date:
Position:

Email: AMBULANCE-clinicalprotocol1@health.nsw.gov.au or fax (02) 9320 7380
**NSW Ambulance Plan**

<table>
<thead>
<tr>
<th>NSW Ambulance Trim Number:</th>
<th>NSW Ambulance Document Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name:</td>
<td>Date of Birth:</td>
</tr>
</tbody>
</table>

This page can be completed by Medical or Nurse Practitioner

### LOCATION OF CARE

In the event that care at home becomes too difficult, the choice for future care is at:

________________________

How to arrange admission to this location: ____________________________

Whilst every effort to accommodate the patient’s preference, NSW Ambulance will review the desired location of care at the time of attending the patient, distances and travelling times will be factored into the destination decision.

### PATIENT'S CLINICAL HISTORY (Please print clearly– Attach additional pages if required)

Diagnosis:

________________________

History:

________________________

Goals of Care:

________________________

Is the patient known to a Palliative Care Service: Yes □ No □ (if yes, please specify)

Allergies:

________________________

### PATIENT'S CURRENT MEDICATIONS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### MEDICAL PRACTITIONER WHO ACCEPTS RESPONSIBILITY TO COMPLETE THE MCCD FOR EXPECTED HOME DEATH

Will you make yourself available at the time of the patient’s death to view the body & complete the MCCD?

Yes □ No □ Comment: ____________________________

Can you be contacted after hours? Yes □ No □

If No, are you prepared to provide a Medical Certificate of Cause of Death (MCCD) to the Funeral Director within 48 hours, if the death is not a reportable death under the Coroners Act 2009? Yes □ No □

Medical Practitioner Completing MCCD details:

A/H or Mobile (if available): ____________ Surgery Ph: ____________

---

Email: AMBULANCE-clinicalprotocol1@health.nsw.gov.au or fax (02) 9320 7380

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Version 1.3 - 11 May 2018
NSW Ambulance Plan

NSW Ambulance Trim Number: ________________________  NSW Ambulance Document Number: ________________________

Patient Name: ________________________  Date of Birth: ________________________

This page can be completed by Medical or Nurse Practitioner

CONTACT LIST

<table>
<thead>
<tr>
<th>Team</th>
<th>Name</th>
<th>Business Hours Contact</th>
<th>After hours contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Health Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual/Religious Supports</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To facilitate more timely return of Authorised Care Plan please provide an email address. (If no email address is provided the endorsed plan will be mailed to the person indicated below):

Email Address: ________________________

Name of Recipient: ________________________

Relationship of recipient to patient: ________________________

PERSON RESPONSIBLE (PLEASE PRINT CLEARLY)

Surname: ________________________

Given Name: ________________________

Relationship:  Enduring Guardian ☐  Family Member ☐  Other ☐

Address: ________________________

Contact Number: ________________________

Language: ________________________

Interpreter: Yes ☐  No ☐

Patient’s & or Person Responsible’s Acknowledgement of this Plan Declaration

As the treating clinician I can confirm that I have discussed this plan with the patient and/or their person responsible. The treatment directives contained within are consistent with the patient’s treatment goals

Yes: ☐  No: ☐

NURSE PRACTITIONER DETAILS

Name: ________________________

Contact Number: ________________________

Provider Number: ________________________

After-hours contact: ________________________

Organisation/Practice Name & Address: ________________________

Email: ________________________

As the nurse practitioner, I support this care plan and by signing this form I request NSW Ambulance paramedics to implement the treatment options which have been discussed with the patient and is consistent with their treatment requirements

Signature: ________________________

Date: ________________________

MEDICAL PRACTITIONER DETAILS

Name: ________________________

Contact Number: ________________________

Provider Number: ________________________

After-hours contact: ________________________

Organisation/Practice Name & Address: ________________________

Email: ________________________

As the medical practitioner, I support this care plan and by signing this form I request NSW Ambulance paramedics to implement the treatment options which have been discussed with the patient and is consistent with their treatment requirements

Signature: ________________________

Date: ________________________

Email: AMBULANCE-clinicalprotocol1@health.nsw.gov.au  or fax (02) 9320 7380

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version 1.3 – 8 May 2015

HammondCare
Champion Life
Aboriginal Blessing

The blessing by Aboriginal elder Aunty Betty Pike

May you always stand as tall as a tree
Be as strong as the rock Uluru
As gentle and still as the morning mist
Hold the warmth of the campfire in your heart
And may the Creator Spirit always walk with you
Namaste Care Program Guidelines

“To honour the spirit within”

Namaste Care is a structured program developed by Joyce Simard in the USA, integrating compassionate nursing care with individualised activities for people with advanced dementia, especially in the last stages. The purpose of Namaste Care is to give comfort and pleasure to people through the senses, touch, smell, hearing, sight and taste. Namaste Care increases the length of time that staff spend engaging and connecting with residents aiming to meet sensory and emotional needs enriching their quality of life.

Download and print off the Namaste Guide to implementation:
Namaste-Care-Programme-Toolkit


The core elements

• ‘Honouring the spirit within’
• The presence of others
• Comfort and pain management
• Sensory stimulation
• Meaningful activity
• Life story
• Food treats and hydration
• Care worker education
• Family meetings
• Care of the dying and after-death care
• After death reflection
# Namaste Care Program Guidelines

## Namaste Care Session

### Creating the environment

- Gather supplies for the morning, including face cloths, basins, towels, beverages, pillows for positioning, individual resident supplies, etc.
- Tidy the room and dim the lighting
- Set up aromatherapy diffuser with lavender
- Play relaxing music
- Play nature scenes on smart television

### Welcome to Namaste

- Each person is touched as they come into the room
- Each person is placed in a comfortable lounge chair
- A quilt or blanket is tucked around them
- Extra pillows or towels can be used to help with positioning
- Each person is assessed for pain/discomfort

### Morning activities

- Face is gently and slowly washed and face cream applied
- Hands are massaged using specific techniques to maximise comfort and communication. Consult with the healthcare team regarding any cautions or contraindications that may apply to the situation
- Hair is brushed
- Take into account personal likes, e.g. lipstick, hair ornaments, etc.
- Hands are massaged
- Get to know the persons likes and dislikes and offer comforting items such as: Baby replacement therapy, a fiddle mat, PAT (pets as therapy). To order please contact Dementia Support Australia
- Large dogs, kittens, rabbits, etc.

#### Nutrition/Hydration

- Offer drinks as recommended by the healthcare team (important to assess swallowing ability see pg 19)
- Offer nourishments – ice cream, yoghurt, smoothies, fruits, chocolate – things the person is known to like to eat and can swallow safely

### As time permits

- Shave and groom men the old-fashioned way for those who enjoy a special shave
- Apply makeup to women who have been accustomed to wearing it
- Nail care

### Waking up for lunch (twenty minutes before lunch)

- Turn up the lights
- Change to lively music
- Fun activity such as blowing bubbles, tossing a ball/balloon, etc.
- Talk about the day
- Use bird sounds
- Take scents to each person to remind them of the weather, i.e. grass, flowers

### Afternoon session

#### Activities

- Individual reminiscence with life stories, old pictures and items from the past
- Foot soaks + lotion feet and legs
- Gentle range of motion exercises to promote comfort and relaxation. Can be done to music e.g. chair dancing
- Fancy hair arrangements or nail care
- Drinks and nourishments are offered again in the afternoon
- Include any other creative activities staff think individuals will appreciate

### Namaste closes

- Residents thanked for coming to Namaste
- Room tidied and prepared for the next day
Music Engagement

When language cognition and verbal communication decline, people who no longer speak or comprehend conversation can often still sing and even recall lyrics. Interestingly, music appreciation seems to outlast deterioration of any specific region of the brain.

We recognise that music provides a source of fun and relaxation as well as numerous benefits to wellbeing for people living with dementia in residential aged care. These include a greater sense of emotional safety, building rapport and trust with staff, and providing an opportunity for emotional expression.

Music also operates on many levels, family, grandchildren, staff, student visitors, and volunteers can listen to music and sit with an older person without being intimidated or wondering how to relate.

To make an individualised playlist:

1. Purchase online a specially designed headset called an eshuffle from $77:  
   https://shop.mbf.org.au/  
2. Purchase a google play gift card. Available at most grocery or department stores.  
   ($20 card will buy approximately 10 songs)

Then:

3. Gain a list of favourite songs and artist from when the person was younger, aged approximately 15 to 25 years old.

“Families always ask us what they should purchase for their loved ones for Christmas or their birthdays. Last Christmas we suggested families purchase the e-Shuffle headsets. Now the majority of our residents enjoy their personalized play-lists every day”

HammondCare Palliative care team
## Music Engagement

### How to load music on to the eShuffle headset using Google Play

**Quick guide**

A. Create a Google account  
B. Purchase music – create a music library  
C. Download music  
D. Load the downloaded music onto the eShuffle

**Step by step guide**

| A. Create a Google account |  
|---------------------------|---|
| 1. Open Google Chrome |  
| 2. Open the Google app launcher (9 dots at top right of page) |  
| 3. Select ‘Account’ |  
| 4. Select ‘Create your Google account’ |  
| 5. Complete all fields (first name, last name, email, & password), record the email & password, and click ‘Next’ |  
| 6. You may be asked to verify your mobile phone number |  
| 7. Enter your phone number, click ‘Next’ |  
| 8. Enter the validation code sent via SMS, click ‘Verify’ |  
| 9. Enter a recovery email address (optional), date of birth, and gender (optional), click ‘Next’ |  
| 10. On the ‘Get more from your number’ page, select ‘Skip’ |  
| 11. Read the ‘Privacy and Terms’ page, and if you agree, select ‘I agree’ |  

| B. Purchase music |  
|-------------------|---|
| 1. On the Google Account page, open the Google app launcher (9 dots at top right of page) |  
| 2. Select ‘Play’ |  

---

Image: Palliative Care Quality End of Life Care Resource Book
Music Engagement

3. Select ‘Redeem’ (from the menu on the left of the page)
4. Enter the Google Play gift card code, click ‘Redeem’
5. Select ‘Confirm’
6. On the ‘Create account’ window, enter the postcode, click ‘Continue’
7. On the ‘Congratulations!’ window, click ‘Shop’
8. Select ‘Music’ (from the menu on the left of the page)
9. Use the ‘Search’ field to find favourite artists, songs, or albums
   Clicking on the artist’s name will give you their top songs.
   Consider either buying individual songs or a whole album. A ‘Best of…’ album can be a good option.
   Listen to the sound quality by clicking on the Play icon to the left of the song name. For older songs, remastered versions, can be best. Unless especially requested, avoid live versions of songs, as the audience responses can be intrusive to the listening experience.
10. When you find a song to buy, click the dollar amount to the right of the song title/album/time.
   Individual songs vary from $0.99, $1.69, & $2.19
11. Select ‘Buy’
12. Enter the password and, click ‘Next’
13. The song is now added to the library, select ‘Close’ to continue to purchase preferred music

C. Download music

1. Select ‘My Music’ (from the menu on the left of the page)
2. Select ‘Music Library’
3. Select ‘Albums’
## Music Engagement

4. Select the ‘More options’ menu on the album (hint: hover the mouse over the album and look for 3 vertical dots)
5. Select ‘Download album’
6. Click on ‘download directly’
7. Select ‘Download now’
8. Click ‘Done’
9. Continue for each album in the Music Library

### D. Load the downloaded music onto the eShuffle

1. Plug the USB jack into the eShuffle
2. Turn the eShuffle on (hint: use the slide control to the right of the USB connector plug)
   - A blue light will appear on the right ear cup
3. Plug the USB into the USB port on your computer
   - The USB Drive (D:) folder will open
4. From your Downloads folder, select all relevant songs (they will be in .mp3 format)
5. Drag the selections into the USB Drive (D:)
6. Check that all the relevant songs are in the USB Drive
   - Note that Albums in the download folder which are zipped will need to be extracted prior to being copied into the USB Drive.
7. Once all songs are in the USB drive, close the folder, eject the USB drive, and unplug the eShuffle

---

**You are now ready to enjoy listening to your music!**

Note: The eShuffle can also be loaded from iTunes. Songs must be converted to MP3 format to load onto the eShuffle.

Disclaimer: This document is a technical guide to loading music only and does not represent a product or services endorsement. Respect copyright laws and comply with the music provider’s Terms and Conditions at all times.
Music Engagement

How to use the eShuffle headset: User guide

1. Adjustable Band
2. Mode Indicator Light (Playlist/Radio/Charging)
3. Random Play/Radio Tuning Button
4. Micro SDHC/TF Memory Card slot
5. Mode Selection & Volume Control
6. Micro USB Cable Port
7. Audio in/out (Music Share)
8. Slide Power ON/Power OFF

To Charge: Plug the small end of the black USB cable into the eShuffle USB Cable Port (6) then connect the large end of the same cable into a 5V wall charger. Turn on power at power point. A flashing red light (2) indicates that device is charging. A solid light (2) indicates when device is fully charged. When charged, turn off the power at the power point and disconnect the device from the charging cable.

NOTE: The eShuffle can also be charged by plugging the large end of the black USB cable into a computer instead of a wall charger.

To Turn Device On/Off: Slide the rectangular On/Off button (8) to turn the device on/off.

Mode Status and Selection:

<table>
<thead>
<tr>
<th>Light Status</th>
<th>Mode/Action Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flasing Red Light</td>
<td>Device is charging</td>
</tr>
<tr>
<td>Solid Red Light</td>
<td>Device is fully charged</td>
</tr>
<tr>
<td>Blue Light</td>
<td>Music playlist</td>
</tr>
<tr>
<td>Flashing Green Light</td>
<td>Device is tuning in local FM stations</td>
</tr>
<tr>
<td>Solid Green Light</td>
<td>FM radio successfully tuned</td>
</tr>
</tbody>
</table>

Default Mode:
Once there is a playlist on the eShuffle, the indicator light will be blue at start up and the playlist will automatically start playing. If there is no playlist on device, or if the supplied memory card (4) has been removed, the indicator light (2) will be green at start up and radio (if tuned) will automatically play.

Loading Music to Playlist:
The correct file format is mp3. For assistance, please refer to Online Tutorial Notes as relevant to your particular platform (Mac or Windows)

Repeat Tracks & Random Play
With the playlist blue light displaying, press and hold Random Play (3) button once to Repeat Track (Green solid light displays). Press and hold for a second time for Random Play (Green light flashes). Press and hold for a third time to return to the default sequential play.

Tuning FM radio:
Gently press and release the Mode Selection (5) button until the green light (2) displays. Press the Radio tuning button (3) until green light flashes and release. The light will continue to flash whilst device tunes in to available stations in your area. When the green light stops flashing, the FM radio is tuned and ready for use.

Track / Station Selection:
PLAYLIST … Gently flick the Mode Selection (5) button forward or backwards to change tracks. FM RADIO … Gently flick the Mode Selection (5) button forward or backwards to change stations.

Adjusting Volume Control:
PLAYLIST … Gently roll the Mode Selection (5) button forward and hold to turn volume up … Release when volume level is ok. Gently roll the Mode Selection (5) button backwards and hold to turn volume down. Release when volume level is ok.
FM RADIO … Gently roll the Mode Selection (5) button forward and hold to turn volume up … Release when volume level is ok. Gently roll the Mode Selection (5) button backwards and hold to turn volume down. Release when volume level is ok.

Music/ Radio/Talking Book Sharing With Another: No splitter is required to share a playlist, talking book or radio with another person. A second set of headphones/earphones with a 3.5 jack can be plugged directly into the Music Sharing Port (7) so that two people can listen at once.

Music Broadcasting: Plug one end of the supplied white Audio Cable into the Music Sharing Port (7) and the other end into the 3.5 microphone jack of a larger amplifier or CD player to broadcast direct from the eShuffle through an amplifier or CD player.

Traditional Headphone Use: Slide the On/Off button (8) to OFF. Plug one end of the supplied Audio Cable into the Music Sharing Port (7) and the other end into a 3.5 speaker jack of a mobile phone, tablet device, CD player etc to listen to eBooks or music from your mobile phone or other players.

For Further Support: call Music and The Brain Foundation on 0417 216 187 or email info@mbf.org.au
Frequently Used Websites

Informative websites

- **Hammondcare.** Providing palliative care in Northern Sydney. At home, in hospital, in residential aged care. To refer to the palliative care service: the referral form is found at: www.hammond.com.au
- **Palliative Care NSW.** State peak body and leading voice in NSW promoting quality palliative care for all.
  www.palliativecarensw.org.au
- **Palliative Care Australia.** National peak body for palliative care.
  www.palliativecare.org.au
- **Sydney North Health Pathways.** Username: HealthpathwaysRACF  Password: gateway
  https://sydneynorth.communityhealthpathways.org

Education and Professional Development

- **The Palliative Care Bridge:** free innovative educational videos and resources on palliative care by respected experts and specialists in the field. Go to caring tips and information to download the Palliative Care Flip Chart and Palliative Care Resource Booklet
  www.palliativecarebridge.com.au
- **CareSearch:** Online resource providing evidence-based palliative care information for health professionals.
- **ELDAC (End of Life Directions for Aged Care):** provides information, guidance, and resources to health professionals and aged care workers to support palliative care and advance care planning to improve the care of older Australians.
  www.eldac.com.au
- **PEPA (Program of Experience in the Palliative Approach):** Provides an opportunity for primary health care providers to develop skills in the palliative approach by undertaking a supervised observational clinical placement. To apply for this free program, go to:
  www.pepaeducation.com
- **palliAGED:** information regarding palliative care evidence and practical resources (Practice tip sheets) for aged care.
  www.palliaged.com.au
- **AHHA – For free palliative care online training for aged care workers**
- **End of Life Essentials - For free palliative care online training for Doctors, Registered Nurses and Allied Health. Please note this education is designed for people working in acute hospitals.** https://www.endoflifeessentials.com.au/

National Standards

- **Aged Care Quality Standards:**
- **National Palliative Care Standards**
- **ELDAC Funding & Standards – ELDAC has developed resources to help aged care staff and organisations meet the eight standards.**
Frequently Used Websites

Resources


- **SPICT Tool**. A tool which can be used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs, and plan care. [www.spict.org.uk](http://www.spict.org.uk)

- **ELDAC After Death Audit**: This audit provides more detail on care provided to individual residents and families. It is recommended that a baseline audit be completed for either the most recent five to ten resident deaths or for a time period (e.g. all deaths that occurred over the previous 3 month period). Download the ELDAC After Death Audit (744kb): [https://www.eldac.com.au/Portals/12/Forms/Toolkits/ELDAC_After%20Death%20Audit_HC.pdf](https://www.eldac.com.au/Portals/12/Forms/Toolkits/ELDAC_After%20Death%20Audit_HC.pdf)

- **Music engagement**: [https://www.musicandthebrain.org.au/](https://www.musicandthebrain.org.au/)


Advance Care Planning Information

- **The Advance Project**: free online training and resources, ie Preparing for an Advance Care Planning conversation. Who will speak for you if your can’t speak for yourself? [www.theadvanceproject.com.au](http://www.theadvanceproject.com.au)

- **Advance Care Planning Australia**: provides free information, online training and resources for health professionals, individuals, care workers and substitute decision-makers. [www.advancecareplanning.org.au](http://www.advancecareplanning.org.au)


Resources for Patients, Families and Carers

Palliative Care Support for Patients, Carers and Families

To order FREE information booklets to give to families go to: caresearch@flinders.edu.au

Supported Decision-Making: A guide for people living with dementia, family members and carers
Resources for Patients, Families and Carers

Information on grief and bereavement to give to families


To support people in your care living with dementia who are grieving and their families

Standards and Funding

The End of Life Direction for Aged Care (ELDAC) Residential Aged Care provide guidance understanding aged care accreditation standards and funding arrangements that support palliative care and advance care planning.

Aged Care Quality Standards

The Aged Care Quality and Safety Commission expects that organisations providing aged care services in Australia will comply with the Aged Care Quality Standards (Standards), which include end of life care and advance care planning. For more information on the Standards, see the Guidance and Resources for Providers webpages.

Source: Aged Care Quality and Safety Commission website www.agedcarequality.gov.au

ELDAC has developed resources to help aged care staff and organisations meet the eight Standards https://www.eldac.com.au/tabid/5034/Default.aspx

National Palliative Care Standards

Palliative Care Australia have released the 5th edition of the National Palliative Care Standards (371kb pdf). These standards are useful to refer to when reviewing palliative care and advance care planning in your organisation.

ACFI Funding Instrument

Funding for residential aged care is provided through completion of the Aged Care Funding Instrument (ACFI). ACFI Section 12 (Complex Health Care) Question 14 allows a service to claim funding for a palliative care program involving end-of-life care where ongoing care will involve very intensive clinical nursing and/or complex pain management in the residential aged care. See the ACFI tool (467kb pdf) for funding requirements.
## Northern Sydney Complimentary Services
Available to Assist with Care in the Home

### Quick links to Northern Sydney Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Acute Post-Acute Service (APAC)</td>
<td>1300 732 503 (7days, 7am–10pm)</td>
</tr>
<tr>
<td>After Hours National Home Doctor Service</td>
<td>137 425</td>
</tr>
<tr>
<td></td>
<td>(Mon–Fri 6pm–8am, Sat 12pm–8am, Sunday/PH All day)</td>
</tr>
<tr>
<td>Community Palliative Care Service</td>
<td>1800 427 255 (24hrs/7 days)</td>
</tr>
<tr>
<td>Dementia Support Australia (DSA)</td>
<td>1800 699 799 (24hrs/7 days)</td>
</tr>
<tr>
<td>Motor Neuron Disease Association CNC</td>
<td>0408 803 789 (Mon–Fri business hours)</td>
</tr>
<tr>
<td>NSW Ambulance (Please ask for Extended Care Paramedics)</td>
<td>131 233 (24hrs/7 days)</td>
</tr>
<tr>
<td>Specialist Mental Health Services for Older People (SMHSOP)</td>
<td>1800 011 511 (24hrs/7 days)</td>
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</tbody>
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### Aged Care Rapid Response Teams

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone</th>
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<tbody>
<tr>
<td>GRACE</td>
<td></td>
</tr>
<tr>
<td>Upper North Shore</td>
<td>9485 6552 (Mon–Fri 7:30am–6:00pm Saturday 8:30am–5pm)</td>
</tr>
<tr>
<td>BRACE</td>
<td></td>
</tr>
<tr>
<td>Northern Beaches</td>
<td>0491 211 013 (Mon–Fri business hours)</td>
</tr>
<tr>
<td>Registrar’s number</td>
<td>0491 222 748 (Mon–Fri business hours)</td>
</tr>
<tr>
<td>AART</td>
<td></td>
</tr>
<tr>
<td>Lower North Shore</td>
<td>0408 546 907 (Mon–Fri business hours)</td>
</tr>
<tr>
<td>Ryde</td>
<td>0409 460 419 (Mon–Fri business hours)</td>
</tr>
<tr>
<td>Registrar’s number</td>
<td>0434 329 970 (Mon–Fri business hours)</td>
</tr>
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