

Monday to Friday 8am – 4pm

Email: MPaCCS@bethesda.org.au

Phone: 9217 1777

Fax: 9217 1788

Referral Forms:

www.bethesda.org.au/mpaccs

Resident's Full Name			
Resident's Date of Birth		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Resident's Usual Facility			
Facility Phone			
Facility Location	<input type="checkbox"/> North <input type="checkbox"/> South		

<input type="checkbox"/> This referral is urgent		MPaCCS is not an emergency service.		The GP retains clinical responsibility.	
Referral Priority	<input type="checkbox"/> within 1 – 2 days	<input type="checkbox"/> within 5 days	<input type="checkbox"/> more than 5 days	<input type="checkbox"/> Clinic Round*	
PLEASE ATTACH	<input type="checkbox"/> current medication chart	<input type="checkbox"/> hospital discharge summary	<input type="checkbox"/> current advance care plan/s		
Referral Date			Referrer Name		
GP Name			Referrer Position		
GP Mobile			Referrer Mobile		
Alerts	<input type="checkbox"/> COVID-19	<input type="checkbox"/> facility outbreak	<input type="checkbox"/> aggression	<input type="checkbox"/> multi-resistant organism (eg VRE)	
What is the person's current location? <small>(If not at their usual facility.)</small>			Is person/family aware of this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
When will the person be ready for care?			Is the person's GP aware of this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the person's main language?			Consent for video-based care as needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the person's primary diagnosis? How advanced is the illness? What is the rate of change?					
Does the person have any troubling comorbidities? What are they?					
Is the person troubled by symptoms that need additional assessment, advice or management (use '+' for most severe)?	<input type="checkbox"/> insomnia	<input type="checkbox"/> appetite	<input type="checkbox"/> nausea	<input type="checkbox"/> bowels	<input type="checkbox"/> breathing
	<input type="checkbox"/> fatigue	<input type="checkbox"/> pain	<input type="checkbox"/> delirium	<input type="checkbox"/> other:	
What are the person's (& their family's) psychological, social & spiritual needs? Do you need support to manage?					
What does the person & their family understand about the person's current situation & prognosis?					
Do you need advance care planning or palliative care case conference support? Is there an advance care plan?					
What education, training or advice do the GP or facility staff require to manage the person's care & support their family?					
Recent relevant vital signs & weight loss					
What is the person's Karnofsky score? <small>(See over for AKPS scoring information.)</small>			Is the person in the terminal phase? <small>(Terminal phase = days or hours to live.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

An MPaCCS clinical team member will call you promptly to triage your referral – please include your number above.

- MPaCCS assists facilities & GPs with specialist medical & psychosocial assessment, care planning & case review.
- Referrals are accepted from any medical and nursing staff at metropolitan hospitals, mental health & disability services, Department of Corrective Services & residential aged care facilities.
- Persons receiving life-prolonging treatment are not excluded from palliative care referral.
- MPaCCS is managed by Bethesda Healthcare and funded by the WA Department of Health.

AKPS: Australia-modified Karnofsky Performance Status			
100	Normal; no complaints; no evidence of disease	40	In bed more than 50% of time
90	Able to carry on normal activity; minor signs or symptoms	30	Almost completely bedfast
80	Normal activity with effort; some signs of symptoms of disease	20	Totally bedfast & requiring extensive nursing care by professionals &/or family
70	Cares for self, but unable to carry on normal activity or to do active work	10	Comatose or barely rousable
60	Requires occasional assistance, but can care for most needs	0	Dead
50	Requires considerable assistance & frequent medical/nursing care	<i>Consider 'terminal phase' if AKPS is $\leq 20/100$, & there has been recent significant functional decline.</i>	



Supportive and Palliative Care Indicators Tool (SPICT™)



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. (eg. 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.

Cancer

Functional ability deteriorating due to progressive cancer.

Too frail for cancer treatment or treatment is for symptom control.

Dementia/ frailty

Unable to dress, walk or eat without help.

Eating and drinking less; difficulty with swallowing.

Urinary and faecal incontinence.

Not able to communicate by speaking; little social interaction.

Frequent falls; fractured femur.

Recurrent febrile episodes or infections; aspiration pneumonia.

Neurological disease

Progressive deterioration in physical and/or cognitive function despite optimal therapy.

Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.

Recurrent aspiration pneumonia; breathless or respiratory failure.

Persistent paralysis after stroke with significant loss of function and ongoing disability.

Heart/ vascular disease

Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.

Severe, inoperable peripheral vascular disease.

Respiratory disease

Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations.

Persistent hypoxia needing long term oxygen therapy.

Has needed ventilation for respiratory failure or ventilation is contraindicated.

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.

Kidney disease

Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.

Kidney failure complicating other life limiting conditions or treatments.

Stopping or not starting dialysis.

Liver disease

Cirrhosis with one or more complications in the past year:

- diuretic resistant ascites
- hepatic encephalopathy
- hepatorenal syndrome
- bacterial peritonitis
- recurrent variceal bleeds

Liver transplant is not possible.

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.

Please register on the SPICT website (www.spict.org.uk) for information and updates.

SPICT™, April 2019