Use of Formats in Palliative Care

For CHO/SN

HOW DOES HOME CARE FUNCTION?

CHO/SN/MO
Visits identified patients for further assessment using *Palliative Care Screening Tool (Annex 5)*

Palliative care issues identified
Urgent issues are addressed

Patients categorised
- **High priority**- Once or more a week
- **Middle priority**- Once a fortnight
- **Low priority**- Once a month

ASHA
Identifies bed- ridden patients and others needing palliative care using *Community Based Assessment Checklist* form

One team for one HWC area

Follow up visits
Home Visit Case Sheet (Annex 3) and Follow-up Case Sheet (Annex 4)
to be filled by the Home Care team

Annexure 5: Suggested Palliative Care Screening Tool for Community Health Officer/Staff Nurse/Medical Officer

Name of ASHA	**Village Part**
Name of ANM	Sub Centre
PHC	Date
Name	Dependent (financially): Yes / No
Number of earning members in the household: Number of children (under the age of 18 years):	Any Identifier (Aadhar Card, UID, Voter ID)
Age _____	RSBY beneficiary: (Y/ N)
Sex	Telephone/ Mobile No.
Address :	Undergoing treatment from:






Date of diagnosis Diagnosis:		
	Screening Items	**Points**
1	Nature of serious health related suffering including diagnosis (India SHS screening tool – see below)	2
2	Functional status score, according to ECOG/WHO performance status score • Normal & Asymptomatic • Symptomatic, able to do Normal Work as pre-diseased • Symptomatic, able to do activities of Daily life without assistance • Needs assistance with ADL, Limited Mobility • Bed ridden, Totally dependent on others for ADL	 0 1 2 3 4
3	Presence of one or more serious comorbid diseases also associated with poor prognosis (eg, moderate-severe COPD or CHF, dementia, AIDS, end stage renal failure, end stage liver cirrhosis)	1
4	Presence of palliative care problems	
	• Symptoms uncontrolled by standard approaches**	1
	• Moderate to severe distress in patient or family, related to cancer diagnosis or therapy	1
	• Patient/family concerns about course of disease and decision making	1
	• Patient/family requests palliative care consult	1
	Total score (0-13)	
Cut off of 4 or more will be considered for referral for palliative care services		
**** To be assessed by a trained Medical Officer**		






NCG - SHS Tool for Field Testing

Domains of Health-related Suffering	Not at all Score 0	A little Score 1	A lot Score 2
Associated with your health, do you suffer physically? With pain/ breathing difficulty/ vomiting/ constipation/ weakness / feeding/loose motion/ bleeding/ itching/ wounds /difficulty with senses (see, hear, smell, touch, taste) / difficulty moving/ other issues			
Associated with your health, do you suffer emotionally? Feeling sad/ unloved / worried/ angry/ lonely/ difficulty sleeping/ confused/ poor memory / other issues			
Associated with your health, do you suffer due to issues with family/ relationships/ friends/ community/ feeling isolated/ difficulty at work/ difficulty with hospital visits/ difficulty communicating/ other issues			
Associated with your health, do you suffer due to feeling punished/ fearful/ shame / guilty / angry with God / no meaning to life/ disconnected/ other issues			
Associated with your health, do you suffer due to lost job/ stopped studies/ stopped working/ loan / debt/ sold property/ sold assets / migrated out / other issues			

<table>
<tr><td colspan="2">Is there Presence of <u>Health-related Suffering</u>?</td><td>Total Score ≥ 2
<u>YES</u></td><td>Total Score < 2
<u>NO</u></td></tr>
<tr><td colspan="4">If <u>YES</u>: Is the health-related suffering <u>Serious</u>?
Has this suffering limited you from doing what you need to do, for ≥ 14 days over the last 30 days? e.g. self-care (feed, bathe, dress, walk, toilet); care for others; communicate; learn /think/perform duties; sleep / rest?</td></tr>
<tr><td colspan="3"><u>YES.</u> (SHS)
1. Document as ‘Patient has screened positive for <u>Serious</u> Health-related Suffering on the case file, notify and activate further evaluation by the primary treating team
2. Ask the patient – Do you seek more help for your concerns?</td><td rowspan="2"><u>NO.</u> (SHS)
The screening for SHS is continued at quarterly intervals.</td></tr>
<tr><td><u>YES, I seek help</u>
Activate further evaluation and care-pathways to respond to SHS</td><td colspan="2"><u>NO, I do not seek more help</u>
Educate patient/family on how to seek additional support in case they feel the need for it and empower with the necessary information.</td></tr>
</table>

Annexure 6: Home Care Kit

Supplies

Equipment
1. Stethoscope
2. BP Apparatus
3. Torch
4. Thermometer
5. Tongue Depressors
6. Forceps

Supplies
1. Dressing Supplies
2. Cotton
3. Scissors
4. Gauze Pieces
5. Gauze bandages
6. Dressing Trays
7. Gloves
8. Micropore Tapes
9. Syringes and Needles
10. Condom Catheters
11. Urine Bags
12. Feeding Tubes

Psychological Symptom Management
1. Lorazepam
2. Amitriptyline

Antibiotics and Antifungals
3. Ciprofloxacin
4. Metronidazole
5. Amoxycillin
6. Fluconazole

Medicines

Pain Control
1. Paracetamol
2. Ibuprofen
3. Diclofenac
4. Tramadol

Wound Management
1. Betadine Lotion and Ointment
2. Metrogyl Jelly
3. Hydrogen Peroxide

Gastrointestinal Symptom Management
1. Domperidone
2. Bisacodyl
3. Loperamide
4. Oral Rehydration Salts
5. Ranitidine

Nutritional Supplements
1. Iron, Vitamin and Mineral Supplements

Other Miscellaneous
2. Spirit
3. Lignocaine Jelly
4. Ethamsylate
5. Deriphylline
6. Cough Preparations

Annexure 5 (7): Home based care:

Advantages of home care

Home based palliative care has several additional advantages for the patient and family such as comfort, privacy, familiarity with surroundings, security, autonomy and a greater degree of independence. It is also cost effective and as it does not entail travelling to the hospital repeatedly for follow up visits and unnecessary investigations and treatments. Some additional advantages of home care include:

1. Easy access to care: The patient and family have access advice and to all aspects of palliative care (physical, psychological, social and spiritual) at their doorstep.






2. More effective caring: Advice, training and additional support for the family is available so that they can become more effective in their role as care givers and feel abler to manage and cope.

3. Access to complementary services: The home care team can facilitate liaison with complementary and supportive services when required. The patient and family do not have to go out seeking such support on their own.

4. Expert referrals for the patient: The team can facilitate referral to other medical and nursing specialists involved in palliative care thereby ensuring the best possible care for the patient.

5. Maintains confidentiality: This is especially important for people with Cancer & HIV/AIDS who may otherwise be shunned by the community out of ignorance and due to misconceptions about the disease.






6. Spreading awareness in the community: Wherever appropriate, home care programmes can be used to spread awareness about palliative care. It is often the case that when a family is nursing someone with cancer their friends and associates become more aware and are more willing to discuss issues around terminal care. The family being cared for, too, can become ambassadors for the cause.

7. Mobilizing local resources: Local support groups and volunteers can be mobilized to support patients and carers living in their particular area. They would be more willing to do this not only because they may know or have personal ties with the people affected but because it is much easier for neighbours to help each other than travel long distances to do so.

8. Training opportunities: Training in palliative care can be offered to medics, paramedics, community volunteers and carers in the area being covered by the home care team.

Thank You