University of St Andrews

Supportive and Palliative Care Indicators Tool (SPICT)

PallConsult
Support for clinicians delivering end-of-life care

The SPICT is used to help identify people whose health is deteriorating. Review unmet palliative care needs. Plan current and future care with them.

Look for any general indicators of poor or deteriorating health.

- Urgent or emergency hospital admission(s) or visits.
- Functional ability is poor or deteriorating, with limited reversibility. (e.g. The person often stays in bed or in a chair for more than half the day.)
- Depends on others more for care due to increasing physical and/or mental health problems. Person's carer needs more help and support.
- Progressive weight loss; remains underweight; low muscle mass; weight gain from persistent fluid retention.
- Persistent symptoms despite optimal treatment of health 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 life shortening conditions.

Cancer

Functional ability deteriorating due to progressive cancer.

Too frail for cancer treatment or treatment is for symptoms.

Dementia or 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 illnesses 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.

Ongoing disability with worsening physical and/or mental health after a major stroke or multiple strokes

Heart or vascular disease

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

Severe, inoperable peripheral vascular disease.

Respiratory disease

Severe, long term lung disease; 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.

Kidney disease

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

Kidney failure complicating other life shortening 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.

Other conditions

Deteriorating with physical or mental illnesses, multiple conditions and/or complications that are not reversible; best available treatment has poor outcome.

Review current care and care planning.

- Review current treatments and medication; minimise polypharmacy.
  Shared decision making about treatment and care.
- Review holistic care – symptoms; emotional, social, functional financial, spiritual, cultural needs. Support families and carers.
- Ask for specialist advice or a review if symptoms or other problems are difficult to manage.
- Agree a current and future care plan with the person/family. Discuss future decision making (e.g. Power of Attorney).
- Record, share, and review care plans.

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

SPICT OCT 2026

230425