P:CES Study

PID: _ _ **Site** *(circle):* **SGH / MCH** **Date: _ _ / _ _ / _ _ _**

Demographics

4. Age _ _ _ (years) **5. Gender** (*circle)* MALE / FEMALE **6. DOB:**

7. Date of Admission _ _ / _ _ / _ _ _ _ **8. Marital Status:** Single ☐ Widowed ☐ Married ☐ Divorced ☐

9a. Resuscitation Status: **9b. Date DNAR signed** *(if applicable)*

10. Ethnicity *(circle)*	**White**	**Mixed/Multiple ethnic group**	**Asian/Asian British**	**Black / African / Caribbean / Black British**	**Other ethnic group**
	English / Welsh / Scottish / Northern Irish / British	White and Black Caribbean	Indian	African	Arab
	Irish	White and Black African	Pakistani	Caribbean	Any other ethnic group, *(please describe)*
	Gypsy or Irish Traveller	White and Asian	Bangladeshi	Any other Black / African / Caribbean background, *(please describe)*	
	Any other White background *(please describe)*	Any other Mixed / Multiple ethnic background, *(please describe)*	Chinese		
			Any other Asian background *(please describe)*		

11a. Reason for admission: **11b. Source of admission** *(e.g. a+e, gp referral, clinic)*

12. Primary Diagnoses:

13. Charlson Co-Morbidity Index *(circle)*

Myocardial infarct	1	Hemiplegia	2
Congestive heart failure	1	Moderate or severe renal disease	2
Peripheral vascular disease	1	Diabetes with end organ damage	2
Cerebrovascular disease	1	Any tumour	2
Dementia	1	Leukaemia	2
Chronic pulmonary disease	1	Lymphoma	2
Connective tissue disease	1	Moderate or severe liver disease	3
Ulcer disease	1	Metastatic solid tumour	6
Mid liver disease	1	AIDS	6
Diabetes	1	TOTAL	

14. Medical Team prognosis of next 72 hours

"Do you think it is likely that this person will die in the next 72 hours?"

	Yes	No	Unsure		Yes	No	Unsure		Yes	No	Unsure
Nurse	☐	☐	☐	Doctor	☐	☐	☐	Palliative Care Specialist	☐	☐	☐

Percentage certainty:

Job title(s) of person/people stating prognosis:

15. Patient Symptoms

Please mark the following symptoms for the patient.
This information will be available from the medical notes, medical team, or from seeing the patient.

a. Respiration

	Yes	No	N/A
Complaint of shortness of breath	☐	☐	☐
0^2 sats	**Level:**		☐

	Yes	No
Noisy respiratory secretions	☐	☐
Cheyne-stokes respiration	☐	☐
Abdominal Swelling	☐	☐
Respiration with mandibular movement (jaw moving)	☐	☐

b. Blood Circulation

		N/A
Heart Rate	Pulse:	☐
Blood Pressure	BP:	☐
Fever	Temp:	☐

	YES	NO	N/A
Pulselessness of radial artery	☐	☐	☐
Peripheral Cyanosis (blue extremities)	☐	☐	☐
Pointed nose	☐	☐	☐

	Yes	No
Change in skin	☐	☐
Colour	☐	☐
specify		
Temperature	☐	☐
specify		
Moisture	☐	☐
specify		

c. Physical Condition

In consciousness:	Yes	No	N/A
Extreme tiredness	☐	☐	☐
Insomnia	☐	☐	☐
Surges of energy	☐	☐	☐
Rapid degradation of general condition in the last 24 hours	☐	☐	

Skin Integrity

	Yes	No
Infected wounds	☐	☐
Pressure Sores	☐	☐
Grade of Sore:		
Clinical signs of infection	☐	☐
Possible source?		

d. Excretion

	Yes	No	N/A
Is there a catheter in situ	☐	☐	
Is there a stoma in situ	☐	☐	
Urinary incontinence, *if applicable*	☐	☐	☐
Faecal incontinence, *if applicable*	☐	☐	☐
Concentrated urine	☐	☐	☐

	Yes	No	N/A
Vomiting	☐	☐	☐
Altered defecation - diarrhoea	☐	☐	☐
Altered defecation - constipation	☐	☐	☐
Decreased production of urine	☐	☐	☐
amount in last 24hrs			

e. Oral Intake

	Yes	No	N/A
Decreased eating	☐	☐	☐
Decreased drinking	☐	☐	☐

If the patient is conscious:	Yes	No	N/A
Refusal of food	☐	☐	☐
Swallowing Difficulty	☐	☐	☐
Loss of appetite	☐	☐	☐

f. Pain

In consciousness:	Yes	No	N/A
Patient complains of pain	☐	☐	☐
Do you think the patient has pain?	☐	☐	☐
Pain is less responsive to treatment	☐	☐	☐

Circle the pain level patient is reporting:
mild moderate severe

Circle the pain level you feel the patient is in:
mild moderate severe

g. Consciousness / Psychological Condition / Spiritual

Richmond Agitation Sedation Scale (RASS)

Please circle which category currently represents the patient

+4	Combative	Overtly combative, violent, immediate danger to staff	
+3	Very Agitated	Pulls or removes tube(s) or catheter(s); aggressive	
+2	Agitated	Frequent non-purposeful movement, fights ventilator	
+1	Restless	Anxious but movements not aggressive vigorous	
0	Alert and Calm		
-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye contact) to voice (>10 seconds)	Verbal Stimulation
-2	Light Sedation	Briefly awakens with eye contact to voice (<10 seconds)	
-3	Moderate Sedation	Movement or eye opening to voice (but no eye contact)	
-4	Deep sedation	No response to voice, but movement or eye opening to physical stimulation	Physical Stimulation
-5	Unarousable	No response to voice or physical stimulation	

How to complete the RASS:

1. Observe patient

a. Patient is alert, restless, or agitated. **(score 0 to +4)**

2. If not alert, state patient's name and *say* to open eyes and look at speaker.

b. Patient awakens with sustained eye opening and eye contact. **(score –1)**

c. Patient awakens with eye opening and eye contact, but not sustained. **(score –2)**

d. Patient has any movement in response to voice but no eye contact. **(score –3)**

3. When no response to verbal stimulation, physically stimulate patient by shaking shoulder and/or rubbing sternum.

e. Patient has any movement to physical stimulation. **(score –4)**

f. Patient has no response to any stimulation. **(score –5)**

	Yes	No	N/A		Yes	No	N/A
Confusion	☐	☐	☐	Recoil behaviour (withdrawn)	☐	☐	☐
Delirium	☐	☐	☐	Acceptance of death	☐	☐	☐
Anxiety/fear	☐	☐	☐	Patient is saying goodbye to family	☐	☐	☐

16. Narrative description of patient's overall condition and general presentation

17. Palliative Performance Scale

Please circle an option from each column which represents the patients current ability

Ambulation	**Activity & Evidence of Disease**	**Self-Care**	**Intake**	**Conscious level**
Full	Normal activity & work No evidence of disease	Full	Normal	Full
Full	Normal activity & work Some evidence of disease	Full	Normal	Full
Full	Normal activity *with* Effort Some evidence of disease	Full	Normal or reduced	Full
Reduced	Unable Normal Job/Work Some disease	Full	Normal or reduced	Full
Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or confusion
Mainly sit/lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or confusion
Mainly in bed	Unable to do any activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Reduced	Full or Drowsy +/- Confusion
Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or coma +/- Confusion
Death	-	-	-	-

18. Other

Please include any other information you feel may be relevant to the patient's condition e.g. family's intuitive feelings if offered, sudden change in the patient's condition.

19. Information about patient on admission

e.g. functional ability, treatments, number of previous admissions