Supportive and Palliative Action Register (SPAR) 

**Resident’s Name: CHI:**

Care Home/Unit: Room Number:

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| **Date** | **PPSv2 %** | **Failing Rate** *(please tick)*: | **Comments/Actions** | **Staff Name Print and Sign** |
| GREEN**Weekly review** | AMBER**Daily review initially** (returning to weekly review when improvement identified) | RED**Daily review** (or more frequently according to clinical need) |
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| **Assessment of Severity and Speed of Change – Failing Rate** | **Action** |
| **GREEN****Rate of decline**– No major change in physical and/ormental status over last month**Care needs**– Stable**Palliative Performance Score (PPSv2)**– No change | **GREEN****Continue to provide optimum management of long term conditions****Update Future Care Plan documentation (Health Section in Care Plan)****Consider use of ‘My Thinking Ahead & Making Plans’****Review every week or sooner if significant or sudden change** |
| **AMBER****Rate of decline**- Slow to moderate (month by month)**Sign of irreversible impairment e.g.**– History of recent fall(s)– Recent infection– Slight weight loss despite nutritionalsupplements– Lack of interest in usual activities e.g.socialising**Care needs**– Noticeable increase**Palliative Performance Score (PPSv2)**– Decline | **AMBER****Discuss deterioration with resident/family. Share uncertainty****Agree plans for management/care if resident:**– Improves– Maintains current functional status– Continues to deteriorate**Discuss with resident’s DN/GP****Consider preferred priorities of care informed by resident/family wishes****Update Future Care Plan documentation (Health Section in Care Plan)****Consider use of ‘My Thinking Ahead & Making Plans’****Discuss with DN/GP completion of DNACPR****Prompt update of KIS (GP)****Revise Supportive and Palliative Action Register (SPAR)****Review daily initially then return to weekly if improvement identified** |
| **RED****Rate of decline either/or**– Rapid/severe (day by day)– Persistent (week by week)**Significant and/or accelerating****deterioration****Extent of reversible deterioration is****uncertain or unlikely e.g**.– History of recent fall(s)– Repeated infections– Reduced food/fluid intake– Significant weight loss despite nutritionalsupplements– Lack of interest in life e.g. staying in bed**Care needs**– Significant/very significant increase**Palliative Performance Score (PPSv2)**– Further or significant declineAnd**Admission to hospital is felt not to be****appropriate or is declined** | **RED****Discuss deterioration with resident/family. Share uncertainty****Prepare for possibility of imminent death/recovery****Agree plans for management/care if resident:**– Improves– Maintains current functional status– Continues to deteriorate– Dies**Discuss with DN/GP. GP review****Consider preferred priorities of care informed by****resident/family wishes****Consider Anticipatory Prescribing (Just in Case)****Update Future Care Plan documentation (Health Section in Care Plan)****Discuss with GP completion of DNACPR & RN Confirmation of Death****Prompt update of KIS (GP)****Revise Supportive and Palliative Action Register (SPAR)****Review daily or more frequently according to clinical need** |
| **If clinical judgement indicates resident****is dying** | **Consider NHSGGC Guidance at End of Life (GaEL)** |

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