PACOP 🥟

PROFILE COLLECTION

Three Part Clinical Assessment First name:

(affix add	Iressograph	label here
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UPI:

Surname:

DOB:

Po	Part A - <u>Face to Face Assessment</u>						
Date of assessment:/_	ate of assessment:// Time:hrs						
PCOC SAS – to be comple	ted with re	esident an	d family wh	nerever pos	ssible		
PCOC SYMPTOM ASSESSMEN last 24-hours or nominate who rated	T SCALE (SA	S) Where poss	ible <u>ask the resi</u>	dent to rate the	rir symptom dist		
	o <u>rated</u> the level of symptom distress (SAS)? Resident Family/unpaid carer Care worker Healthcare professional						
	(1)	(°F.)	<u> </u>	(c/z)	3/2	1	
LEVEL OF DISTRESS	Absent	Mild	Mod	erate	Severe		
(Select one for each symptom)							
		2 2	4 5			10	
_	0 1	2 3	4 5	6 7	8 9	10	
Distress from Pain		<u> </u>				-	
Distress from Fatigue		<u> </u>			+ +	 	
Distress from Breathing Problems		<u> </u>			+ +	<u> </u>	
Distress from Bowel problems					+ +	 	
Distress from Nausea		<u> </u>			<u> </u>	 	
Distress from Appetite problems	+ +	+ +				씀	
Distress from Difficulty Sleeping Distress from other Symptom							
(Specify)							
Clinical assessment – to l	be comple	ted by a re	gistered/e	nrolled nui	rse		
PROBLEM SEVERITY SCORE (P	SS) Problems	over the past	24 hours (Select	t one box for ea	ıch criteria)		
	Absent	Mild	Moderate	Severe			
	(0)	(1)	(2)	(3)			
Pain	H	님					
Other symptoms Psychosocial/spiritual wellbeing	H	H	H	H			
Family/Carer							
SUPPLEMENTARY PAINCHEK®	QUESTIONS	S For ACHs usin	g PainChek® fo	r this resident			
PainChek score OR	PainChek not	used at this ACI	H OR Pain	Chek not used	with this residen	t	
AUSTRALIA MODIFIED KARNO	FSKY PERFO	DRMANCE ST	ATUS (AKPS) (Select one bo	x only)		
Able to carry on normal Normal activity with Care for self, unable to ca Occasional as Requires consider	activity, minor effort, some si cry on normal a sistance but is able assistance bed [or chair] Almost co nursing care b	gns or symptor activity or to do able to care for and frequent more than 50% mpletely bedfa	oms/disease so active work most needs medical care so feed the time st [chairfast] so a/or family	.00			

BESOLIB	CE UTILISATION GROUP	S - ACTIVITIES O	E DAILY LIVING (BI	IG-ADI) (Salast ana	hay for each criterial			
KLSOOK	Independent/	Limited	Limited physical	Other than 2	2+ person physical			
	supervision	assistance	assistance	person physical	assist			
	(1)	(2)	(3)	assist (4)	(5)			
Bed mobil	_	_						
Toileting		_						
Transfer		_						
Eating*			*	_	_			
*Eating: 3=E	xtensive assistance/Total dependenc	e.						
Total RUG	G-ADL Score							
ROCKW	OOD CLINICAL FRAILTY S	CALE (RCFS) (Sele	ct one only)					
*	1. Very Fit	T	t, active, energetic and mo nong the fittest for their ag		ommonly exercise			
•	2. Well	1	active disease symptoms active occasionally, e.g. se		tegory 1. Often, they			
•	3. Managing Well	People whose medic routine walking.	al problems are well con	trolled but are not regu	larly active beyond			
	4. Vulnerable		t on others for daily help, lowed up", and/or being		activities. A common			
S	5. Mildly frail	These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework. (Mild dementia usually corresponds here)						
	6. Moderately frail	People need help with all outside activities and with keeping house . Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cueing, standby) with dressing. (Moderate dementia usually corresponds here)						
AL	7. Severely frail	so, they seem stable	Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months). (Severe dementia usually corresponds here)					
	8. Very severely frail	Completely depende minor illness.	ent, approaching end of lif	fe. Typically, they could	not recover from even a			
	9. Terminally ill	Approaching end of I who are not otherwi	ife. This category applies se evidently frail.	to people with a life ex	pectancy <6 months,			
сомми	JNICATION & PSYCHO-SO	OCIAL (Select only o	ne response for each q	uestion)				
	erson conducting this assessmate and receive feedback dire		-	ducting this assessme eceive feedback direc	nt been able to tly from the resident's			
Yes, v	ery well		Yes, very well					
Yes. a	moderate amount		Yes, a moderate	amount				
Yes, a			Yes, a little					
	ot at all		No, not at all					
How ofter	n has the resident had contact	with family or close	friends since the last a	assessment? (select o	ne)			
☐ Not ap	pplicable—recently arrived an	d been in care <3mtl	hs					
☐ Daily								
☐ Weekl	у							
☐ Month	nly							
Infreq	uently							
Never								
Don't	know							
Clinical as	sessment completed by (Nam	e)		_				
Position.	ACH manager	Manager RNI/FN	N Palliative care CN	IC/CNS DOther				



Three Part Clinical Assessment

(affix addressograph label here)
UPI:
Surname:
First name:
DOB:
Sex:

Part B - Desk-Top Asses	<u>sment</u>	Sex:		
Complete after face to face clinical assessment	ent			
Date of assessment://				
REASON FOR CARE				
Identify the <u>main diagnostic cluster</u> the resident needed care fo Then work through the list for each diagnostic cluster to indicate during the last week.				
Diagnostic cluster (one of the 3 options must be ticked for each	cluster)	This is the <u>main</u> <u>reason</u> the resident needs care (Select one only)	This is <u>a reason, but</u> <u>not the main reason,</u> the resident needs care	This is <u>not</u> a reason the resident needs care
Advancing frailty associated with old age				
Dementia and/or other cognitive impairments including deliriun	n			
Organ failure (e.g. heart failure, respiratory failure, diabetes)				
Neurological condition (e.g. MS, MND, Parkinson's, stroke)				
Malignancy (cancer)				
Psychological and/or social				
Palliative/end of life care				
ADVANCE CARE PLANNING & DECISION-MAKING	INFORMAT	ION ABOUT	RECENT HOSPITA	AL USF
Have the resident's end of life needs, wants and preferences been documented? Yes No Don't know Is there an Advance Care Plan, Advance Care Directive or similar in place? Yes No Is the resident currently capable of making their own decisions? Yes No Does the resident want to develop and/or update their Advance Care Plan or Directive or similar (i.e., Does the resident want to change anything)? Yes No Don't know Is there an alternate decision-maker for the resident? Yes No	in the last 3 in Yes, once Yes, more No Don't know Has the resident in the last 3 in Yes, once Yes, more Don't know Has the resident in Yes, once Yes, more No Don't know Has the resident in Yes, once Yes, once Yes, once Yes, once Yes, once	months? e than once ow dent had an unp months? e than once ow dent had a plant e than once	ne Emergency Depa	ion
AN-ACC				
AN-ACC class(Leave blank if unknown or still under ACFI)				
Desktop assessment completed by (Name)				
Position: ACH Manager Clinical Manager RN/EN	Palliative care	e CNC/CNS	Other	

			(affix addressograph label here)
PACO	P	PROFILE COLLECTION	UPI:
D	Th	ree Part Clinical Assessment	Surname: First name:
		Part C – ACTION PLAN	DOB:
Date:	,	/	Sex:
_	ng the ne	and for Pollistive Core	
•		eed for Palliative Care	
Yes	No	statements/questions: Resident is a new admission, admitted as A	N-ACC Class 1 – Admit for nalliative care
Yes	□No	Resident is a new admission , admitted as A	•
		The resident has a palliative care plan devel	•
Yes	∐ No	professional/team	,
Yes	☐ No	The resident has documented palliative care professional/team	e needs by a GP or palliative care health
Yes	☐ No	Based on clinical judgement, the current ass you believe the resident has a prognosis	sessment and all the information available to you do of <3 months?
OR Yes to	2 of the 3	assessments below:	
Yes	☐ No	One or more moderate/severe symptom di	stress (SAS) or problem severity (PSS) score
Yes	☐ No	An AKPS of 40 or less	
Yes	☐ No	A Rockwood Clinical Frailty Scale (RCFS) sco	
			om Palliative Care (e.g. PACOP Outcomes Collection)
		oth sections above – Continue to monitor using	PACOP Profile Collection
Actions	oased on	assessment	
	No actio	on required – Continue to monitor using PACC	OP Profile Collection
	Internal	aged care home action required (select all th	at apply)
i		Organise a family meeting	
ii		Commence palliative care using the PACOP	Outcomes Collection (if participating)
iii		Develop or revise <i>palliative/end of life care</i>	plan (incl. medication review)
iv		Develop or revise <u>resident care plan</u>	
v		Develop or revise <u>advance care plan</u>	
vi		Commence end of life care/terminal care pla	an/pathway for the dying person
vii		Access equipment required for end of life ca	are (e.g. syringe driver, air mattress, etc)
viii		Internal allied health and /or psycho-social- specify	spiritual consultation –
	Require	s external referral to address care needs (sele	* * * *
i		Specialist palliative care consultation (e.g. C Rounds, etc)	ommunity SPC, Inreach, Palliative Care Needs
ii		GP or other disease specific specialist review	V

Position: ACH manager Clinical Manager RN/EN Palliative care CNC/CNS Other

For new AN-ACC assessment

Allied health and /or psycho-social-spiritual consultation –

specify_

iii

Action Plan completed by (Name)



DETERIORATING RESIDENT TOOL DOB:

(affix addressograph label here)

UPI: Surname: First name:

r						Sex:						
A Health professional (RN and is <u>not due for their ro</u>								s dete	eriora	ited cl	inically	′
Date of assessment:/_	/			Time	:	hrs						
PCOC SYMPTOM ASSESSMEN last 24-hours or nominate who rated resident and family wherever possib	d the as											
Who <u>rated</u> the level of symptom dis Resident Family/unpaid care			rker [Healt	thcare p	rofessio	nal					
	(U		ق آق)	(°L	•	(ST		4/5		3
LEVEL OF DISTRESS	Absent		Mild			Mode	erate			Severe		
(Select one for each symptom)												
	0	1	2	3	4	5	6	7	8	9	10	
Distress from Pain								_				
Distress from Fatigue	\dashv	旹	H	∺		ᅮ	旹	+	H		一	
Distress from Breathing Problems	H	Ħ	H	一一	Ħ	一一	一	H	市	Ī	一	
Distress from Bowel problems												
Distress from Nausea												
Distress from Appetite problems												
Distress from Difficulty Sleeping												
Distress from other Symptom (Specify)												
PROBLEM SEVERITY SCORE (P	SS) Pro	blems	over the	past 2	4 hours	(Select	one box	for eac	ch criter	ria)		
Pain Other symptoms Psychosocial/spiritual wellbeing Family/Carer	(0)	nt	Mil. (1)	d	Mod (] []	erate 2)	Ş	(3)				
AUSTRALIA MODIFIED KARNO)FSKY	PERFC	DRMAN	ICE ST	ATUS	(AKPS)	(Select	one bo	x only)			
Nor Able to carry on normal Normal activity with o Care for self, unable to car Occasional ass Requires consider Totally bedfast & requiring	activity, effort, so ry on no sistance able ass In bed Alm	minor ome sigormal a but is a istance (chair) ost core	gns or sy activity o able to c and free more th mpletely	symptomer to do are for quent ran 50% bedfas	oms/disons of disonactive versions to most neurons to medical sof the tast (chair &/or fa	ease 9 ease 8 vork 7 eeds 6 care 5 cime 4 fast) 3 mily 2	00					

•	OOD CLINI						
*	1. Very	Fit	People who are robust, active, energetic and motivated . These people commonly exercise regularly. They are among the fittest for their age.				
•	☐ 2. Well		People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.				
t	☐ 3. Mana	nging Well	People whose medical problems are well controlled but are not regularly active beyond routine walking.				
•	4. Vulne	erable	While not dependent on others for daily help, often symptoms limit activities . A common complaint is being "slowed up", and/or being tired during the day.				
	5. Mildl	y frail	These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework. (Mild dementia usually corresponds here)				
H	☐ 6. Mode	erately frail	People need help with all outside activities and with keeping house . Inside, they often have problems with stairs and need help with bathing and might need minima assistance (cueing, standby) with dressing. (Moderate dementia usually correspond here)				
A	7. Sever	ely frail	Completely dependent for personal care , from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months (Severe dementia usually corresponds here)				
	8. Very	severely frail	Completely dependent , approaching end of life. Typically, they could not recover from even a minor illness.				
A	9. Term	inally ill	Approaching end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.				
dentif	ying the	need for pa	lliative care				
<u>/ES</u> to <u>A</u>	NY of thes	e statements/q	uestions/assessments below:				
Yes	☐ No		cal judgement, the current assessment and all the information available to elieve the resident would benefit from palliative care?				
Yes	☐ No	The resident a	nd/or family is requesting palliative care				
Yes	□No		Based on clinical judgement, the current assessment and all the information available to you believe the resident has a prognosis of <3 months?				
Yes	☐ No	One or more moderate/severe symptom distress (SAS) or problem severity (PSS) score					
	☐ No An AKPS of 40 or less						
Yes	∐ ио						
_	□No		Clinical Frailty Scale (RCFS) score of 8 or 9				
Yes Yes	 ☐ No	A Rockwood C	Clinical Frailty Scale (RCFS) score of 8 or 9 offit from Palliative Care (e.g. PACOP Outcomes Collection)				

RN/EN Palliative care CNC/CNS Other

Designation: ☐ACH Manager ☐Clinical Manager