

Date: _____

Completed by: _____

Patient/Client Label

Screening for Serious Illness Conversations

STEP 1: Select YES or NO

Would you be *surprised* if this patient died in the next 6-12 months?

YES







Screen patient using other tools

NO

Prioritize Serious Illness Conversation (form is complete)

If "NO", Planned ACTION: _____

STEP 2: Select Frailty Score (only if answered YES to Step 1)

	<input type="checkbox"/>	4 Vulnerable *
	<input type="checkbox"/>	5 Mildly Frail *
	<input type="checkbox"/>	6 Moderately Frail **
	<input type="checkbox"/>	7 Severely Frail **
	<input type="checkbox"/>	8 Very Severely Frail **
	<input type="checkbox"/>	9 Terminally Ill **

(Clinical Frailty Scale, Dalhousie University, 2009)

See Clinical Frailty Scale on back of page for more detail

* 4-5: Moderate risk of decline — Still benefit from a Serious Illness Conversation or "What Matters to Me" worksheet

**6-9: High risk of decline— High priority for Serious Illness Conversation

Planned ACTION: _____

SPICT Tool: Other conversation triggers (tick YES or NO)


	YES	NO
2+ unplanned hospitalizations in last 6 months		
Increasing assistance/dependency on others (bed/chair more than 12hrs day)		
Carers needing more support (or more recommended)		
Unplanned weight loss or low BMI		
Persistent symptoms despite treatment		
Patient/loved ones questioning how aggressively to treat or requesting focus on symptoms or comfort		

TOTAL "YES": _____
If 2+ YES, then prioritize Serious Illness Conversation


(Supportive and Palliative Care Indicators Tool, University of Edinburgh, 2017)


Clinical Frailty Scale*


 **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.

 **3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.

 **4 Vulnerable** – 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 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.

 **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 (cuing, standby) with dressing.



7 Severely 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).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9. Terminally Ill - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.

2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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