

## Your guide to clerking palliative care patients using the St Luke's Admission Pro-forma

- **The proforma** can be useful in providing a framework for clerking patients and may be used during presentation at clinical feedback.
- Clerking palliative care patients is similar to clerking in medical and surgical patients but with more emphasis on a **holistic** approach. You may have more opportunity to spend with patients (not unusual for clerking to last an hour)
- Some patients will know exactly when they were diagnosed and what treatments they have had, however others won't. You may need to review their old notes to clarify this.
- **Social History** should not only include information about where they live, but what support they have at home, how the house is set up, access to stairs, what are their interests & hobbies etc,
- **Psychological/Spiritual history** – This is not just about their strong spiritual or religious beliefs (which is important) but also about who they are have they any Any other spiritual/existential questions that are important to them. Can we support them in anyway, chaplaincy etc.
- **Awareness** refers to how aware is the patient of their disease and their prognosis? What are their expectations? Why are they here (at the hospice/hospital)? How do they think things will progress etc. do they have realistic expectations?

When patients get referred to the hospice they are usually referred for either symptom control (we hopefully get their symptoms controlled and then get them home) or for terminal care (they come to the hospice to die) – sometimes this doesn't always turn out to be the case...symptom control referrals can become terminal care and vice versa. Important to find out what patient's expectations are.

- **Recent history**. What has been happening recently that has led up to an admission on to the unit/ward.
- **Latest investigations** performed or planned. Look in the blue folder in the doctor's office in the hospice for any recent blood tests or scans (or ask to look on the computer at the hospital). Important as it might give a clear idea about any reversible causes of a patient's presentation or prognostic information.
- **Next outpatient appointment**. Are they still under oncology follow up, if so what is the plan?
- **Symptoms**. It is important to think about the pathophysiology behind symptoms – what is the cause of this patient's pain? What is causing this patient's

constipation or nausea? Only once we know what the causes of patient's symptoms are, only then can we address them effectively.

- You can see from the pro-forma that pain has a large section to fill out. Don't only use **SOCRATES** acronym to enquire about pain, also ask about what has been tried in the past to address the pain, any side effects from their analgesics, are the breakthrough medications addressing the pain, how many breakthroughs are they needing throughout the day. Are there any other components to the pain that might need addressing other than using medications?
- Think of similar lines of enquiry for the other symptoms listed.
- **Drugs on admission** AND also list drugs currently on. What medications have changed and why. Look at current medications on the patient's drug charts (you'll find their medication charts in the nurse's station in the hospice) – if you don't know what the drug does, look it up (Palliative care formulary (PCF) should be at each site). Think about what the indications are for using this particular medication and what are its side effects (useful for your clinical prescription examinations!) – you will be asked about drugs at clinical feedback. Are there any medications that could be discontinued (think of polypharmacy). I would suggest looking up the medication (e.g. BNF, Palliative care formulary, western locality formulary online).. an opportunity to revise the pharmacokinetics
- **Examinations** – make sure to examine the patients! They are usually very willing for you to examine them and there is a wealth of good clinical signs with our patients. Time to start practicing for the ISCE exams. Be aware of frailty and discomfort and **always ask permission**. We would expect an examination of the appropriate system unless a good reason was given at presentation.
- The last page of the admission pro-forma is probably the most important page. It shows us that you have been thinking about the case. Formulate a problem list and think about how you are going to manage the problems you have identified. Don't only focus on their current problems and what has already been done to address them, but also think about the problems you that may develop further down the line. How might they deteriorate and how might you address those symptoms? What problems may develop at home? When discussing management plans it can be useful to think broadly in the areas of medical management, surgical/interventional management and conservative management. There should always be a lot of management options to talk about with palliative care patients.
- Good luck