

GSF Prognostic Indicators (tick ALL that apply)

Patients over the age of 85 years	<input type="checkbox"/>
Cancer (must fulfil at least ONE of following criteria)	<input type="checkbox"/>
[] Cancer that is metastatic or not amenable to treatment	
[] Lung Cancer	
[] Cancer & severely impaired functional ability (e.g.>50% of time in bed/lying down)	
Heart Disease (must fulfil at least ONE of following)	<input type="checkbox"/>
[] Chronic Heart Failure New York Heart Association (NYHA) stage III or IV	
[] Repeated hospital admissions (>3 in last year) with symptoms of Heart Failure	
[] Difficult physical/psychological symptoms despite optimal tolerated therapy	
Chronic Obstructive Pulmonary Disease (must fulfil at least ONE of the following)	<input type="checkbox"/>
[] Severe COPD (FEV<30%predicted)	
[] >3 admissions in last year for COPD exacerbations	
[] Long Term Oxygen Therapy	
[] Signs or symptoms of right heart failure	
[] More than one of: anorexia, previous ITU/NIV/resistant organism, depression	
Renal Disease (must fulfil at least ONE of following)	<input type="checkbox"/>
[] Stage 5 kidney disease and not receiving or seeking dialysis or transplant	
[] CKD stage 5 (eGFR <15 ml/min) OR symptomatic renal failure (anorexia, nausea, pruritus, reduced functional status, intractable fluid overload)	
Motor Neurone Disease	<input type="checkbox"/>
Parkinson's Disease (must fulfil at least ONE of following)	<input type="checkbox"/>
[] Drug treatment no longer effective/increasingly complex treatment regime	
[] Reduced independence, need for help with daily living	
[] Condition has become less controlled/predictable with 'off' periods	
[] Dyskinesias, mobility problems and falls	
[] Swallowing problems	
[] Psychiatric signs (depression, anxiety, hallucinations, psychosis)	
Multiple Sclerosis and at least ONE of following criteria	<input type="checkbox"/>
[] Significant complex symptoms,	
[] Communication difficulties e.g. dysarthria ±fatigue	
[] Cognitive difficulties	
[] Swallowing difficulties/poor nutritional status	
[] Breathlessness± aspiration	
[] Medical complication e.g. recurrent infection	
Frailty as defined by one of following	<input type="checkbox"/>
[] Multiple co-morbidities with signs of impairments in day to day functioning	
[] Combination of a least 3 symptoms of: weakness, slow walking speed, low physical activity, weight loss, self reported exhaustion	
Dementia and at least ONE of the following	<input type="checkbox"/>
[] Unable to walk without assistance, urinary & faecal incontinence, lack of meaningful verbal communication, unable to dress without assistance	
[] Barthel Score <3	
[] Reduced activities of daily living	
[] Any of the following: 10% weight loss in prev 6 months without cause, pyelonephritis or UTI, Serum albumin 25g/l, severe pressure sores e.g. stage III or IV, recurrent fevers, reduced oral intake/weight loss, aspiration pneumonia.	
Stroke and at least ONE of the following	<input type="checkbox"/>
[] Persistent vegetative or minimal conscious state/dense paralysis/incontinence	
[] Medical complications	
[] Lack of improvement within 3 months of onset	
[] Cognitive impairment/post-stroke dementia	
Other (e.g. AIDS, muscular dystrophy, cystic fibrosis)	<input type="checkbox"/>
[] To include patients diagnosed with other progressive life limiting conditions , please specify:	

1. Age at death
2. Cause of death
3. Place of death
4. Gender: *Male / Female*
5. Partnership Status: *Married / Civil Partnership / Single / Divorced / Widowed*
6. Ethnic Origin (please tick)
 - White
 - Mixed
 - Asian or Asian British
 - Black or Black British
 - Chinese
 - Any other ethnic background
7. Living arrangements prior to death: *Co-habited / Lived alone / Nursing home or residential care*
8. Date of census admission: / / Time of admission:
9. Person admitting (if known)
10. Source of census admission (bed bureau, A&E etc).
11. Date of discharge: / /
12. Reason for census admission
13. Underlying diagnosis where appropriate

14. Significant co-morbidities (please tick all that apply):

- Heart problems (heart failure, heart disease, angina)
- Respiratory disease (COPD, asthma)
- Chronic neurological conditions
- Stroke
- Cancer (*please include site*)
- Diabetes
- Peripheral vascular disease
- Cerebro-vascular disease
- Mental health problems
- Dementia
- Chronic Endocrine Disorders
- Musculo-Skeletal Disorders
- Substance Abuse
- Chronic Renal Disease
- Chronic Liver Disease
- Other (please specify)

15. Evidence of any of the following conditions at census admission:

Cognitive impairment / Learning Diffs / Lack of Communication / Other

16. Number of hospital admissions in 12 months prior to death

17. Number of days spent in hospital in 12 months prior to death.

18. Evidence of any of the following in 12 months prior to death:

- a) Advanced refusal of resuscitation (DNAR Blue Card):
(if yes has this been discussed with patient or family: *yes / no*)
- b) Evidence of Advance decision to refuse treatment:
- c) Placed on Liverpool Care Pathway
- d) Referred to specialist palliative care (Mac Unit/St Luke's/St John's)
- e) Prescription of repeated or long term opiates
- f) Use of syringe driver

19. Please document below all information in the Medical and Nursing Plans for the census admission – (this info can be found after medical clerking on admission sheet)

Medical Plan (please include plan from junior, registrar, and consultant if given)

Prompts: medical treatment? drug treatment? investigations?

Nursing Plan

Continue overleaf if necessary