



Fast Track Assessment

For the Terminal Phase of Palliative Care

Please identify the level of assessment below to enable the Long Term Care Team to prioritise urgent cases.	Please indicate
<p>1. End of Life Care Pathway (48-72 hours)</p> <p>Please submit a copy of the completed End of Life Pathway together with a complex care plan request or submit a Fast Track Assessment (completing all sections of pages 1-8 only) if an individual has a primary health need and a rapidly deteriorating condition which is entering a terminal phase and has a life expectancy of between 48-72 hours.</p>	
<p>2. Less than 7 days Life Expectancy</p> <p>Please complete all sections of pages 1-8 only of this Fast Track assessment if an individual has a primary health need and a rapidly deteriorating condition which is entering a terminal phase and has a life expectancy of seven days or less.</p>	
<p>3. All Other Individuals Entering a Terminal Phase</p> <p>Please complete all sections of the Fast Track assessment if an individual has a primary health need and a rapidly deteriorating condition which is entering a terminal phase.</p>	

Please forward completed assessment to:

Long Term Care Team	Email to NHS.LongTermCare@wales.nhs.uk
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Consent to Share Information

Information recorded during this assessment process may be shared with others involved in your care. This will help them understand your needs and avoid having to repeat some parts of the assessment. I understand that at times sharing of information will be undertaken in the best interests of my care and that consent may not always be necessary.

Consent to Share Information: tick as appropriate

I understand that the information collected in this assessment process will be used to provide care for me. I agree that it may be shared with other health and social care professionals, including GPs and appropriate voluntary organisations, in order to provide care for me.

I understand the above; but there is specific personal information that I do not want shared. Please give details below.

The person is unable to give consent or unable to sign. Please give details below.

I do not give consent to share information.

Details:

Does person want relatives informed of assessment/condition/treatment? Yes / No
If yes, person authorised to receive information:

Name: Relationship:

Name: Relationship:

Signature of Person:

Date:

Name of Person: (Print)

NHS No:

Local Authority No:

Other No:

Name & Address

Mr / Mrs / Miss / Ms / Other:

Wishes to be called:

DOB:

Age:

Tel No.:

Mobile No.:

Sex: Male / Female

Marital Status: Single/Married/Partner/Civil Partner/Divorced/Separated/Widow/
Widower

GP Surgery:

GP Practice Name:

Tel No:

Is patient currently in hospital?

Yes / No

If No, where is the patient currently?

Please give the address where care will be delivered. State if this is at address above,
home, nursing home or other location:**Assessment Co-ordinator:**

Name:

Designation:

Address:

Tel No:

Bleep:

Email:

Alternative contact:

Date of Assessment:

Contacts:

Name:

Relationship:

NOK / Emergency Contact / Main Carer

Address:

Tel No:

Mobile No:

Patient's/Individual's Perspective: Include wishes, preferences, beliefs, values and spirituality.

Has prognosis been discussed with the patient? Yes / No

Has individual an Advance Decision/Advanced Statement/Living Will? Yes / No
If Yes, evidence will be required.

Is there a Lasting Power of Attorney for personal welfare/Deputy/IMCA? Yes / No
If Yes, appropriate paperwork or registration details will be required.

Family/Carer's Perspective:

Has prognosis been discussed with the relative / NOK / main carer? Yes / No

Has a carer's assessment been offered & completed &/or declined?
What assistance has the family stated they will provide?

What support is required to support them in their role as carer?

Medical Opinion: This section must be completed by the relevant Doctor

The Primary Health Needs Approach

Certain characteristics of need and their impact on the care required to manage them will determine whether a person's primary need is a health need:

Nature: This describes the particular characteristics of an individual's needs (which can include physical, mental health or psychological needs) and the type of those needs. This also describes the overall effect of those needs on the individual, including the type ('quality') of interventions required to manage them.

Intensity: This relates both to the extent ('quantity') and severity ('degree') of the needs and to the support required to meet them, including the need for sustained/ongoing care ('continuity').

Complexity: This is concerned with how the needs present and interact to increase the skill required to monitor the symptoms, treat the condition(s) and/ or manage the care. This may arise with a single condition, or it could include the presence of multiple conditions or the interaction between two or more conditions. It may also include situations where an individual's response to their own condition has an impact on their overall needs, such as where a physical health need results in the individual developing a mental health need.

Unpredictability: This describes the degree to which needs fluctuate and thereby create challenges in managing them. It also relates to the level of risk to the person's health if adequate and timely care is not provided. Someone with an unpredictable healthcare need is likely to have either a fluctuating, unstable or rapidly deteriorating condition.

Each of these characteristics may alone or in combination, demonstrate a primary health need, because of the quality and/or quantity of care required to meet the individual's needs. The totality of the overall needs and effects of the interaction of needs should be carefully considered.

Diagnosis:

Prognosis:	
Treatment:	
Is there a Do Not Attempt Resuscitation (DNAR) Order? Yes / No If yes, for our records please attach a copy to this assessment.	
Summary of Medical Opinion: Please tick appropriate box	
The individual has a primary health need and a rapidly deteriorating condition which is entering a terminal phase and is on the End of Life Priorities (48 – 72 hours)	<input type="checkbox"/>
The individual has a primary health need and a rapidly deteriorating condition which is entering a terminal phase and has a life expectancy of less the 7 days.	<input type="checkbox"/>
The individual has a primary health need and a rapidly deteriorating condition which is entering a terminal phase	<input type="checkbox"/>
Has the patient's GP been informed of prognosis and discharge? Yes / No	

Name:

Signature:

Designation:

Date:

Name:

DOB:

NHS No:

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List Medication & Route: e.g. morphine through syringe driver, I.M. oral medication etc.

Risks: please list whether there are safeguarding issues, or any health and safety risks to individual and others.

Equipment Required: please list whether there is a need to commission a hoist, hospital bed, airflow mattress etc.

Can this be obtained from Equipment Store? Yes / No

Has this been ordered? Yes / No

When is delivery expected?

Total Care Package Required:**Care Co-ordinator in the Community Details:**

Name:

Designation:

Tel. No:

Email:

Base:

Base Tel. No:

Involved in MDT / Discharge Planning?

Yes / No

Long Term Care Team Only:

What package has been commissioned? Include providers, care provision, etc.

Review Date:**Person responsible for review:****Locality CHC Manager informed of review date:****Yes / No**

Assessment of Needs

Behaviour	Level of need
No evidence of 'challenging' behaviour.	No needs
Some incidents of 'challenging' behaviour. A risk assessment indicates that the behaviour does not pose a risk to self, others or property or a barrier to intervention. The person is compliant with all aspects of their care.	Low
'Challenging' behaviour that follows a predictable pattern. The risk assessment indicates a pattern of behaviour that can be managed by skilled carers or care workers who are able to maintain a level of behaviour that does not pose a risk to self, others or property. The person is nearly always compliant with care.	Moderate
'Challenging' behaviour that poses a predictable risk to self, others or property. The risk assessment indicates that planned interventions are effective in minimising but not always eliminating risks. Compliance is variable but usually responsive to planned interventions.	High
'Challenging' behaviour of severity and/or frequency that poses a significant risk to self, others or property. The risk assessment identifies that the behaviour(s) require(s) a prompt and skilled response that might be outside the range of planned interventions.	Severe
'Challenging' behaviour of a severity and/or frequency and/or unpredictability that presents an immediate and serious risk to self, others or property. The risks are so serious that they require access to an immediate and skilled response at all times for safe care.	Priority

Cognition	Level of need
No evidence of impairment, confusion or disorientation.	No needs
Cognitive impairment which requires some supervision, prompting or assistance with more complex activities of daily living, such as finance and medication, but awareness of basic risks that affect their safety is evident. OR Occasional difficulty with memory and decisions/choices requiring support, prompting or assistance. However, the individual has insight into their impairment.	Low
Cognitive impairment (which may include some memory issues) that requires some supervision, prompting and/or assistance with basic care needs and daily living activities. Some awareness of needs and basic risks is evident. The individual is usually able to make choices appropriate to needs with assistance. However, the individual has limited ability even with supervision, prompting or assistance to make decisions about some aspects of their lives, which consequently puts them at some risk of harm, neglect or health deterioration.	Moderate
Cognitive impairment that <u>could</u> include frequent short-term memory issues and maybe disorientation to time and place. The individual has awareness of only a limited range of needs and basic risks. Although they may be able to make some choices appropriate to need on a limited range of issues they are unable to consistently do so on most issues, even with supervision, prompting or assistance. The individual finds it difficult even with supervision, prompting or assistance to make decisions about key aspects of their lives, which consequently puts them at high risk of harm, neglect or health deterioration.	High
Cognitive impairment that <u>may</u> , for example, include, marked short-term memory issues, problems with long-term memory or severe disorientation to time, place or person. The individual is unable to assess basic risks even with supervision, prompting or assistance, and is dependent on others to anticipate their basic needs and to protect them from harm, neglect or health deterioration.	Severe

Psychological & Emotional	Level of need
Psychological and emotional needs are not having an impact on their health and well-being.	No needs
Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, which are having an impact on their health and/or well-being but respond to prompts and reassurance OR Requires prompts to motivate self towards activity and to engage them in care planning, support, and/or daily activities.	Low
Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, which do not readily respond to prompts and reassurance and have an increasing impact on the individual's health and/or well-being OR Due to their psychological or emotional state the individual has withdrawn from most attempts to engage them in care planning, support and/or daily activities.	Moderate
Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, that have a severe impact on the individual's health and/or well-being OR Due to their psychological or emotional state the individual has withdrawn from any attempts to engage them in care planning, support and/or daily activities.	High

Communication	Level of need
Able to communicate clearly, verbally or non-verbally. Has a good understanding of their primary language. May require translation if English is not their first language.	No needs
Needs assistance to communicate their needs. Special effort may be needed to ensure accurate interpretation of needs or additional support may be needed either visually, through touch or with hearing.	Low
Communication about needs is difficult to understand or interpret or the individual is sometimes unable to reliably communicate, even when assisted. Carers or care workers may be able to anticipate needs through non-verbal signs due to familiarity with the individual.	Moderate
Unable to reliably communicate their needs at any time and in any way, even when all practicable steps to assist them have been taken. The person has to have most of their needs anticipated because of their inability to communicate them.	High

Mobility	Level of need
Independently mobile	No needs
Able to weight bear but needs some assistance and/or requires mobility equipment for daily living	Low
Not able to consistently weight bear. OR Completely unable to weight bear but is able to assist or cooperate with transfers and/or repositioning. OR In one position (bed or chair) for the majority of time but is able to cooperate and assist carers or care workers. OR At moderate risk of falls (as evidenced in a falls history or risk assessment)	Moderate
Completely unable to weight bear and is unable to assist or cooperate with transfers and/or repositioning. OR Due to risk of physical harm or loss of muscle tone or pain on movement needs careful positioning and is unable to cooperate. OR At a high risk of falls (as evidenced in a falls history and risk assessment). OR Involuntary spasms or contractures placing the individual or others at risk.	High
Completely immobile and/or clinical condition such that, in either case, on movement or transfer there is a high risk of serious physical harm and where the positioning is critical.	Severe

Nutrition – Food & Drink	Level of need
Able to take adequate food and drink by mouth to meet all nutritional requirements.	No needs
Needs supervision, prompting with meals, or may need feeding and/or a special diet. OR Able to take food and drink by mouth but requires additional/supplementary feeding.	Low
Needs feeding to ensure adequate intake of food and takes a long time (half an hour or more), including liquidised feed. OR Unable to take any food and drink by mouth, but all nutritional requirements are being adequately maintained by artificial means, for example via a non-problematic PEG.	Moderate
Dysphagia requiring skilled intervention to ensure adequate nutrition/hydration and minimise the risk of choking and aspiration to maintain airway. OR Subcutaneous fluids that are managed by the individual or specifically trained carers or care workers. OR Nutritional status “at risk” and may be associated with unintended, significant weight loss. OR Significant weight loss or gain due to identified eating disorder. OR Problems relating to a feeding device (for example PEG.) that require skilled assessment and review.	High
Unable to take food and drink by mouth. All nutritional requirements taken by artificial means requiring ongoing skilled professional intervention or monitoring over a 24 hour period to ensure nutrition/hydration, for example I.V. fluids. OR Unable to take food and drink by mouth, intervention inappropriate or impossible.	Severe

Continence	Level of need
Continent of urine and faeces.	No needs
Continence care is routine on a day-to-day basis; Incontinence of urine managed through, for example, medication, regular toileting, use of penile sheaths, etc. AND is able to maintain full control over bowel movements or has a stable stoma, or may have occasional faecal incontinence/constipation.	Low
Continence care is routine but requires monitoring to minimise risks, for example those associated with urinary catheters, double incontinence, chronic urinary tract infections and/or the management of constipation.	Moderate
Continence care is problematic and requires timely and skilled intervention, beyond routine care (for example frequent bladder wash outs, manual evacuations, frequent re-catheterisation).	High

Skin (including tissue viability)	Level of need
No risk of pressure damage or skin condition	No needs
Risk of skin breakdown which requires preventative intervention once a day or less than daily without which skin integrity would break down. OR Evidence of pressure damage and/or pressure ulcer(s) either with 'discolouration of intact skin' or a minor wound. OR A skin condition that requires monitoring or reassessment less than daily and that is responding to treatment or does not currently require treatment.	Low
Risk of skin breakdown which requires preventative intervention several times each day, without which skin integrity would break down. OR Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is responding to treatment. OR A skin condition that requires a minimum of daily treatment, or daily monitoring/reassessment to ensure that it is responding to treatment.	Moderate
Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is not responding to treatment OR Pressure damage or open wound(s), pressure ulcer(s) with 'full thickness skin loss involving damage or necrosis to subcutaneous tissue, but not extending to underlying bone, tendon or joint capsule', which is/are responding to treatment. OR Specialist dressing regime in place; responding to treatment	High
Open wound(s), pressure ulcer(s) with 'full thickness skin loss involving damage or necrosis to subcutaneous tissue, but not extending to underlying bone, tendon or joint capsule' which are not responding to treatment and require regular monitoring/reassessment. OR Open wound(s), pressure ulcer(s) with 'full thickness skin loss with extensive destruction and tissue necrosis extending to underlying bone, tendon or joint capsule' or above OR Multiple wounds which are not responding to treatment.	Severe

Breathing	Level of need
Normal breathing, no issues with shortness of breath.	No needs
Shortness of breath which may require the use of inhalers or a nebuliser and has no impact on daily living activities. OR Episodes of breathlessness that readily respond to management and have no impact on daily living activities.	Low
Shortness of breath which may require the use of inhalers or a nebuliser and limit some daily living activities. OR Episodes of breathlessness that do not respond to management and limit some daily living activities. OR Requires any of the following: Low level oxygen therapy (24%).Room air ventilators via a facial or nasal mask. Other therapeutic appliances to maintain airflow where individual can still spontaneously breathe e.g. CPAP (Continuous Positive Airways Pressure) to manage obstructive apnoea during sleep..	Moderate
Is able to breathe independently through a tracheotomy that they can manage themselves, or with the support of carers or care workers. OR Breathlessness due to a condition which is not responding to treatment and limits all daily living activities	High
Difficulty in breathing, even through a tracheotomy, which requires suction to maintain airway. OR Demonstrates severe breathing difficulties at rest, in spite of maximum medical therapy OR A condition that requires management by a non-invasive device to both stimulate and maintain breathing (bilevel positive airway pressure, or non-invasive ventilation)	Severe
Unable to breathe independently, requires invasive mechanical ventilation.	Priority

Drug Therapies & Medication	Level of need
Symptoms are managed effectively and without any problems, and medication is not resulting in any unmanageable side-effects.	No needs
Requires supervision/administration of and/or prompting with medication but shows compliance with medication regime. OR Mild pain that is predictable and/or is associated with certain activities of daily living. Pain and other symptoms do not have an impact on the provision of care.	Low
Requires the administration of medication (by a registered nurse, carer or care worker) due to: non-concordance or non-compliance, or type of medication (for example insulin), or route of medication (for example PEG,). OR Moderate pain which follows a predictable pattern; or other symptoms which are having a moderate effect on other domains or on the provision of care.	Moderate
Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for the task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. However, with such monitoring the condition is usually non-problematic to manage. OR Moderate pain or other symptoms which is/are having a significant effect on other domains or on the provision of care.	High
Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for this task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. Even with such monitoring the condition is usually problematic to manage. OR Severe recurrent or constant pain which is not responding to treatment. OR Risk of non-concordance with medication, placing them at risk of relapse.	Severe
Has a drug regime that requires daily monitoring by a registered nurse to ensure effective symptom and pain management associated with a rapidly changing and/or deteriorating condition. OR Unremitting and overwhelming pain despite all efforts to control pain effectively.	Priority

Altered State of Consciousness	Level of need
No evidence of altered states of consciousness (ASC).	No needs
History of ASC but it is effectively managed and there is a low risk of harm.	Low
Occasional (monthly or less frequently) episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm.	Moderate
Frequent episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm. OR Occasional ASCs that require skilled intervention to reduce the risk of harm.	High
Coma. OR ASC that occur on most days, do not respond to preventative treatment, and result in a severe risk of harm.	Severe

<p>Other Significant Care Needs to be Taken into Consideration</p>	<p>Level of need</p>
	<p>No needs</p> <p>Low</p> <p>Moderate</p> <p>High</p> <p>Severe</p>

MDT Recommendation:

Date of MDT:

List who was present / involved in the MDT:

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweihredol Bwrdd Iechyd Prifysgol Lleol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board