

Older People's Services

Hospital No:	_____	NHS No:	_____
Name:	_____		
Address:	_____		
Postcode:	_____	DOB:	_____
GP:	_____		
(or attach patient label)			

Proactive Elderly Advanced CarE (PEACE)

SUGGESTED ACTION on PROGRESSION of ILLNESS

Advice of health care professionals for use in further best interests decisions.

This advice may not be applicable if the situation changes, and should be used in conjunction with assessment and views of the patient and others at the time.

Date:	_____
Physician(s) (PRINT):	_____
Nurse(s) (PRINT):	_____
Care home or place of residence:	_____
QEH Palliative Care Team (if needed): 01553 613516	Clinical Nurse Specialist: _____

Summary of medical problems:

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Possible Developments		Action Category	Comments Please also see supplementary notes for staff overleaf
1	Suspected chest infection/ pneumonia		
2	Suspected other infection (e.g. urine)		
3	Drowsiness/Unresponsiveness		
4	Serious unexpected event (e.g. significant GI Bleed)		
5	Patient has no signs of life		
6			

Summary of suggested action categories:

Home: Treatment medication (including oral antibiotics) and comfort measures within care home with support from GP. Admission to hospital would be avoided unless comfort measures fail.

Comfort: Symptom control medication by subcutaneous, oral or per rectal route, positioning, wound care and other measures to relieve suffering. Admission to hospital would be avoided unless comfort measures fail (e.g #NoF)

Does the patient have mental capacity to decide about their care in the event of progression of their illness?

Yes ☐ No ☐

If yes, has the PEACE document been discussed and agreed with the resident?

Yes ☐ No ☐

Signature: _____	Name (PRINT): _____
Designation: _____	Date: _____ Time: _____

Surname: _____ First Name: _____ Hosp no: _____ NHS no: _____

Views of Significant Others

The patient's next of kin or advocate **have/have not** been consulted about this advice.

Summary of discussion/views of significant others including if there are differing opinions (which may be relevant to future best interest decisions).

Name	Relationship	Agree with above?	Phone	To be contacted?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not involved		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not involved		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not involved		<input type="checkbox"/> Yes <input type="checkbox"/> No

Any other comments:

This form has been given to:

☐Person concerned ☐Relative ☐Care Home ☐Other ☐GP ☐OOH GP Service ☐Hospital

Suggested review date:

Proactive Elderly Advanced CarE (PEACE) - Guidance for carers/staff

If the person deteriorates you may find the following grid helpful. You may need to ask the GP to review the person (as guided below) and to consider involving Palliative Care team if appropriate. Contact relatives or those important to the patient as stated on the front of this form.

	Home	Comfort
Feeding	Oral food as tolerated (e.g. pureed). If required, involve community SaLT.	Oral food as tolerated.
Hydration	Oral fluid as tolerated. If required, follow SaLT advice. Where possible/appropriate, you may use subcutaneous fluids in the home.	Oral fluids or food as tolerated and as often as tolerated. Low intake is very likely.
Infection	Contact GP for diagnosis and treatment with antibiotics, if required.	Treat symptoms as required. Fan therapy for temperatures.
Pain	Consider the cause and required treatments. Ensure adequate analgesia is prescribed. Contact GP to access.	Consider the cause and required treatment, pain relief medication - Oramorph or subcutaneous (s/c) morphine may be required.
Breathlessness	Consider the cause and required treatments. Contact GP to access.	Consider the cause and required treatments. Palliative medication may be required.
Agitation	Ensure no urinary retention/ constipation/ pain or any other unmet need and manage appropriately.	Ensure no urinary retention/ constipation/ pain or any other unmet need.
Nausea/ Vomiting	Check no constipation/urinary infection. Anti-emetics may be required.	Check no constipation/urinary infection. Anti-emetics (e.g. oral cyclizine or s/c).
Diarrhoea	Check not overflow constipation (PR). Stool samples for C.Diff and treatment if positive. Encourage fluids. Loperamide only if continues for more than three days and risk of skin breakdown.	Check not overflow constipation (PR). Encourage fluids. Loperamide only if continues for more than three days and risk of skin breakdown.
Drowsiness/ Confusion	Check no constipation/urinary infection/ dehydration. Consider medications which could be causing this. Contact GP to assess.	Check no constipation/urinary infection/ dehydration. Consider medications which could be causing this.
Fall	Examine for injury. If fracture suspected, may require admission to hospital for adequate palliative management. Give analgesia prior to transfer. If no injury, consider cause of fall. Consider need for crash mats, low bed, increased supervision and assistance with toileting and transfers.	Examine for injury. If fracture suspected, may require admission to hospital for adequate palliative management. Give analgesia prior to transfer. If no injury, consider cause of fall. Consider need for crash mats, low bed, increased supervision and assistance with toileting and transfers.
Medications		Review medications - especially to stop unnecessary medications.
Pressure area care	Pressure area care is based on risk assessment and it fully documented. Patient repositioning should be maintained ensuring that pain issues are also addressed. Pressure ulcers managed at home with review by Tissues Viability Service and GP.	Pressure area care is based on risk assessment and it fully documented. Patient repositioning should be maintained ensuring that pain issues are also addressed. Pressure ulcers managed at home with review by Tissues Viability Service and GP.

The QEh Palliative Team can be contacted on: 01553 668526

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