

section 1.4: phases of care

palliative care phases

Identifying the patient's phase of illness provides the treating team with a clinical profile that can assist in the management and planning for palliative patients. The "Palliative Care stages of illness data set"¹ is a tool that comprises 5 phases and can be used as a part of a review of patients during ward rounds or as a regular component of team meetings.

The palliative care phase denotes the stage of the patient's illness and is based on an overall assessment of their condition. It is also important to note that this tool considers assessment of the patient's family and /or caregivers and includes bereavement support after death. This emphasizes a fundamental principle of palliative care, namely a focus on the context in which care for the individual is provided.

Phases may not be sequential.

stable phase

- the person's symptoms are adequately controlled by established management
- further interventions to maintain symptom control and quality of life have been planned
- the situation of the family /caregivers is relatively stable and no new issues are apparent
- any needs are met by the established plan of care

unstable phase

- the person experiences the development of a new or a rapid increase in the severity of existing problems, either of which require an urgent change in management or emergency treatment
- the family/caregivers experience a sudden change in their situation requiring urgent intervention by members of the interdisciplinary team

deteriorating phase

- the person experiences a gradual worsening of existing problems or the development of new but expected problems – these require the application of specific plans of care and regular review but not urgent or emergency treatment
- the family/caregivers experience a gradual worsening distress and other problems and difficulties, including social and practical difficulties, as a result of the illness of the person – this requires a planned support program and counselling as necessary

terminal care phase

- death is likely in a matter of days and no acute intervention is planned or required
- the typical features in this phase include
 - profoundly weak
 - essentially bed bound
 - drowsy for extended periods
 - disorientated for time and has a severely limited attention span
 - increasingly disinterested in food and drink
 - finding it difficult to swallow medications
- requires the use of frequent, usually daily interventions aimed at physical, emotional and spiritual issues
- the family/caregivers recognise that death is imminent and care is focused on emotional and spiritual issues as a prelude to bereavement

bereaved phase

- death of a person has occurred and the caregivers are grieving
- a planned bereavement support program is available including counselling as necessary

Other relevant assessment tools for use with palliative care patients are detailed in section 2.1.3.

references

¹ Eagar K., Cranny C & Fildes D. (2004) *Evaluation and palliative care: a guide to the evaluation of palliative care services and programs*. Centre for Health Service Development, University of Wollongong (Tool 1.1).