

Phase Definitions



The palliative care phase is the stage of the patient's illness. Palliative care phases are not sequential and a patient may move back and forth between phases. Palliative care phases provide a clinical indication of the level of care required and have been shown to correlate strongly with survival within longitudinal, prospective studies.

Instructions: Record the patient/client and family/carer phase changes if and when they occur during each episode.

Phases are defined in terms of the following criteria as these highlight the essential issues to be considered when assigning phase.

<p>Phase 1: Stable</p> <p>All clients not classified as unstable, deteriorating, or terminal.</p> <ul style="list-style-type: none">▪ 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/carers is relatively stable and no new issues are apparent. Any needs are met by the established plan of care.
<p>Phase 2: Unstable</p> <ul style="list-style-type: none">▪ The person experiences the development of a new unexpected problem or a rapid increase in the severity of existing problems, either of which require an urgent change in management or emergency treatment▪ The family/carers experience a sudden change in their situation requiring urgent intervention by members of the multidisciplinary team.
<p>Phase 3: Deteriorating</p> <ul style="list-style-type: none">▪ The person experiences a gradual worsening of existing symptoms 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/carers experience gradually worsening distress and other 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.
<p>Phase 4: Terminal</p> <p>Death is likely in a matter of days and no acute intervention is planned or required. The use of frequent, usually daily, interventions aimed at physical, emotional and spiritual issues is required.</p> <p>The typical features of a person in this phase may include the following:</p> <ul style="list-style-type: none">▪ Profoundly weak▪ Essentially bed bound▪ Drowsy for extended periods▪ Disoriented for time and has a severely limited attention span▪ Increasingly disinterested in food and drink▪ Finding it difficult to swallow medication▪ The family/carers recognise that death is imminent and care is focussed on emotional and spiritual issues as a prelude to bereavement.
<p>Phase 5: Bereaved</p> <p>Death of the patient has occurred and the carers are grieving. A planned bereavement support program is available including referral for counselling as necessary. Record only one bereavement phase per patient - not one for each carer/family member.</p>