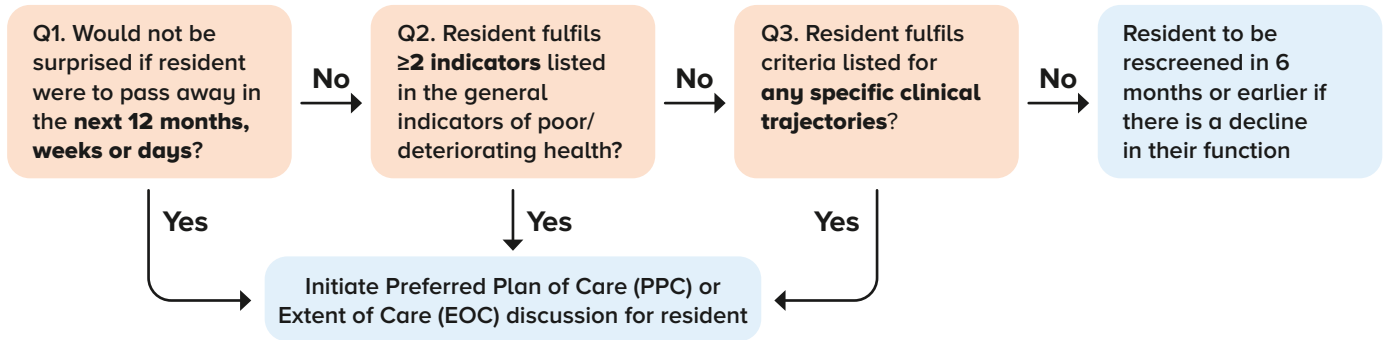


EAGLEcare Screening Assessment Tool

EAGLEcare Screening Assessment



Q1: No surprise question
Would not be surprised if resident were to pass away in the next 12 months, weeks or days? – Yes/No
If the answer is 'No' (i.e., you would be surprised), proceed to Q2

Q2: General indicators of poor or deteriorating health
Does resident fulfil ≥ 2 of the following indicators:
 a. Unplanned hospital admissions
 b. Performance status is poor or deteriorating, with limited reversibility (e.g., resident stays in bed or in a chair for more than half a day)
 c. Increasing dependency in most activities of daily living (ADLs)
 d. Significant weight loss over the last few months (e.g., 5% in 3 months) or remains underweight
 e. Persistent symptoms despite optimal treatment of underlying condition(s)
 f. Increasing caregiver burden
 g. Resident (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life
If the resident does not fulfil ≥ 2 indicators, proceed to Q3

Q3: Specific clinical indicators
If Q1 and Q2 are negative responses, the table below is used to determine eligibility according to three clinical trajectories:
 1. Frailty / comorbidity / dementia 2. Organ failure 3. Cancer

EOL ASSESSMENT: SPECIFIC CLINICAL INDICATORS RELATED TO THREE TRAJECTORIES			
Frailty, dementia, multi-morbidity (at least 2 indicators to be present)	Frailty <input type="checkbox"/> Unable to dress, walk or eat without help <input type="checkbox"/> Eating and drinking less; difficulty with swallowing <input type="checkbox"/> Urinary and faecal incontinence <input type="checkbox"/> Not able to communicate by speaking; little social interaction <input type="checkbox"/> Frequent falls and fragility fractures (e.g., femur, wrist, spine) <input type="checkbox"/> Recurrent febrile episodes or infections; aspiration pneumonia	Stroke / Parkinsonism <input type="checkbox"/> Progressive deterioration in physical and/or cognitive function despite optimal therapy <input type="checkbox"/> Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing <input type="checkbox"/> Recurrent aspiration pneumonia; breathlessness or respiratory failure <input type="checkbox"/> Persistent paralysis after stroke with significant loss of function and ongoing disability	Dementia <input type="checkbox"/> Unable to: Walk (FAST 7C), sit up (FAST 7D), smile (FAST 7E), OR hold up head (FAST 7F) <input type="checkbox"/> No consistently meaningful conversation (FAST 7A and 7B) <input type="checkbox"/> Urinary and faecal incontinence (FAST 6D and 6E) <input type="checkbox"/> Unable to do ADLs (FAST 6A to 6C) AND <input type="checkbox"/> Weight loss, reduced oral intake, pressure sore(s) (stage 3 or 4) OR aspiration pneumonia, recurrent fevers, urinary tract infection
	Heart/Vascular Disease <input type="checkbox"/> Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort <input type="checkbox"/> Severe, inoperable peripheral vascular disease	Respiratory Disease <input type="checkbox"/> Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations <input type="checkbox"/> Persistent hypoxia needing long-term oxygen therapy <input type="checkbox"/> Has needed ventilation for respiratory failure or ventilation is contraindicated	
Organ failure (at least 1 indicator to be present)	Kidney Disease Stage 4 or 5 chronic kidney disease (eGFR < 30 ml/min) with deteriorating health <input type="checkbox"/> Kidney failure complicating other life-limiting conditions or treatments <input type="checkbox"/> Stopping or not starting dialysis	Liver Disease <input type="checkbox"/> Cirrhosis with one or more complications in the past year: <ul style="list-style-type: none"> • Diuretic resistant ascites • Hepatic encephalopathy • Hepatorenal syndrome • Bacterial peritonitis • Recurrent variceal bleeds <input type="checkbox"/> Liver transplant is not possible	
	Cancer and others <input type="checkbox"/> Functional ability deteriorating due to progressive cancer <input type="checkbox"/> Too frail for cancer treatment or treatment is for symptom control	Other Conditions <input type="checkbox"/> Deteriorating and at risk of dying with other conditions or complications that are not reversible; any treatment available will have a poor outcome	

If the resident does not meet the criteria, the resident is rescreened in 6 months or earlier if there is a decline in function

EAGLEcare Screening Assessment Tool (continued)

Initiate
PPC or EOC
discussion

Deciding Type of Care Plan

