

Palliative Cancer Care Summary



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Date completed:	02/11/2023		Available: Monday to Friday 0800-1600. If no answer, please leave message, we will return your call.

PATIENT DETAILS

Patient name:	Mrs Example Patient	CHI:	01234XXXXX
Diagnosis:	Lung cancer with brain metastases	Cancer treatment plan:	For best supportive care (no cancer treatment)

Social situation:
Mrs Example Patient lives with husband who has his own health issues and can be anxious. Two adult children who live in Fife, both involved in mother's care. House has stairs, these are getting more difficult. Shower over the bath, struggling to use

Current issues:

- Recent hospital admission, now home
- Headaches resolved with dexamethasone 4mg OD and Morphine MR 10mg BD
- Seizures controlled on Keppra 1g BD

Follow-up plan:

- Primary Care – led follow-up
- Patient and family have oncology CNS team phone number for advice
- Does not require specialist palliative care at present

Patient/family understanding of diagnosis and likely prognosis:

Mrs Example Patient and her family are aware that she is not for any active treatment and is for best supportive care. Focus is on managing symptoms rather than treating the cancer. Mrs Example Patient and her family did not wish to talk about prognosis.

Future Care Planning conversations:

- Mrs Example Patient has a DNACPR in place and her wish is to remain at home for as long as possible.
- BASRIS form (Special Rules Benefits Assessment) has been completed.
- Prognosis estimated at small number of months.
- If home was becoming difficult then keen for community hospital like St Andrews rather than acute hospital.
- Place of death has not yet been discussed.

Action for GP/DNs:

- Please update eKIS with diagnosis, DNACPR and plan for community/community hospital-based care.
- DNs – please visit and consider equipment needs.
- GPs – please review symptoms and steroid requirement in 1-2 weeks.
- GPs/DNs – please consider Just in Case medications/referral to District Nurse Palliative Care Helpline in the coming weeks.

Any other Key Information:

Mrs Example Patient may always need to stay on low dose steroids, but as she also has diabetes, the lowest possible dose would be preferable. Discuss with Lung Oncology or Specialist Palliative care if further advice helpful

Palliative Performance Scale:	50%	Phase of Illness:	Stable	Has patient been referred to the Macmillan Improving Cancer Journey Team?
(mobile short distances, in bed/chair for much of the day)		(Treatment plan currently stable)		Yes