**SCALE Guidance**

How to decide if a patient is categorised under the SCALE category

1. Have they got an appropriate diagnosis –

**Palliative**

 Palliative care is a term derived from [Latin](http://en.wikipedia.org/wiki/Latin) *palliare,* "to cloak." It refers to specialised medical care for people with serious illnesses. It is focused on providing patients with relief from the symptoms, pain and stresses of a serious illness — whatever the prognosis.[[8]](http://en.wikipedia.org/wiki/Palliative_care#cite_note-8) The goal is to improve quality of life for both the patient and the family as they are the central system for care.

Palliative - sometimes use the term *palliative care* in a [sense](http://en.wikipedia.org/wiki/Word_sense) meaning palliative therapies without curative intent, when no [cure](http://en.wikipedia.org/wiki/Cure) can be expected (as often happens in late-stage [cancers](http://en.wikipedia.org/wiki/Cancer)).

**End of Life**

The General Medical Council considers patients to be approaching the end of life when they are likely to die within the next 12 months.

SCALE discusses end of life to mean in the last 6 weeks of life.

Diagnoses should be written in the medical notes

The decision if someone is end of life can be a complex and a somewhat vague determination.

The SCALE document defines it as a person with a palliative life limiting disease who can present with a selection of symptoms.

* General weakness
* Reduced mobility
* Suboptimal nutrition
* Weight loss /loss of appetite
* Skin changes –
* Diminished perfusion of –fingers/toes/ears/nose
* This presents as discoloration, mottled appearance, local cooling and gangrene.

The 5 P’s

**Prevention**

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| Prevention is important for wellbeing, enhanced quality of life, potential reimbursement, and to avoid unplanned medical consequences for end of life care. The skin becomes fragile when stressed with decreased oxygen availability associated with the end of life. plan of care needs to address excessive pressure, friction, shear, moisture, suboptimal nutrition, and immobilization. |

This means we still within the patient’s management plan we still have:-

* Turning and positioning regime in place directed by regular skin assessments
* . We still prescribe appropriate equipment in a timely manner (preplanning for patient’s deterioration)
* The Braden score is continued in line with patients changing condition
* MUST score monitoring weight adding value to food

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**Prescription**

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| Prescription refers to the interventions for a treatable lesion. Even with the stress of dying, some lesions are healable after appropriate treatment. Interventions must be aimed at treating the cause and at patient centered concerns (pain, quality of life), before addressing the components of local wound care as consistent with the patient’s goals and wishes. |

This means

* Still do wound assessments decide on clinical outcomes?
Consider issues with delayed healing –e.g. low HB, increased blood sugars advanced arterial disease
* Manage wounds effectively -what are your objective –
* Debridement to prevent- increase bacterial loading and infection.
* Compression to manage lower limb oedema and wet legs
* Manage wound pain –removing infection reducing oedema ointments and dressings
* Concordance –is this not the patient’s wishes or fear of the unknown.

**Preservation**

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| Preservation refers to situations where the opportunity for wound healing or improvement is limited, so maintenance of the wound in its present clinical state is the desired outcome. A maintenance wound may have the potential to heal, but there may be other overriding medical factors that could direct the inter-professional team to maintain the status quo. For example, there may be limited access to care, or the patient may simply refuse treatment. |

This means:-

* Wound care symptom control – where possible
* Extreme heart failure may be unable to have compression -wet legs will need mopping up.
* Extreme arterial disease no compression offloading of pressure points.
* Covering wound extended wear time

Palliation refers to those situations in which the goal of treatment is comfort and care, not healing. A palliative or non-healable wound may deteriorate due to a general decline in the health of the patient as part of the dying process, or due to hypo-perfusion associated with non-correctable critical ischemia.13,14 In some situations, palliative wounds may also benefit from some treatment interventions such as surgical debridement or support surfaces, even when the goal is not to heal the wound.

What does this mean:-

Comfort over high spec mattress e.g. premier active for palliative /EOL due to terminal cachexia.

Reduced turning and positioning regime to manage quality of life.

Wound debridement and infection management to prevent sepsis.

 **Preference**

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| Preference includes taking into account the preferences of the patient and the patient’s circle of care |

This means -

* Patient’s wishes if non concordant of treatment.
* Take into account the families view if patient is no longer able to communicate.

(This does not mean medical decision as that would not be legal)

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