

Online Appendix 1

South African Supportive and Palliative Care Indicator Tool

The aim of the indicator tool is to identify adult patients who have serious health related suffering due to a life-limiting or life-threatening illness and whose condition is deteriorating. It is likely that the patient's death will be a consequence of this illness.

This is a generic tool for the South African setting to identify patients who will benefit from a palliative care approach in conjunction with usual care by the treating clinician. This patient may need to be referred to a palliative care team to optimize care.

Specific Disease indicators

This tool is for deteriorating patients with an advanced life-limiting illness where all available and appropriate management has been offered:

Solid-organ Cancer	Neurological Disease	Renal Disease
Malignancies not amenable to curative surgery or radical oncological interventions	Progressive deterioration decline in physical and/ cognitive function.	Stage 4 or 5 chronic kidney disease
Metastatic cancer with symptoms	Swallowing difficulties resulting in a significant reduction in oral intake.	Patients stopping or not for dialysis.
Progressive metastatic cancer	Recurrent pneumonia, breathlessness or respiratory failure.	Kidney disease complicating other life-limiting conditions or treatments.
Too frail for oncological interventions		
Dementia / Frailty	Respiratory Disease	Infectious Disease
Unable to dress, walk or eat without help	Patients on continuous oxygen.	HIV
Swallowing difficulties resulting in a significant reduction in oral intake.	Breathlessness at rest or on minimal effort between exacerbations.	HIV with deteriorating clinical condition and failing the best available treatment.
Fractured femur		TB
Recurrent febrile episodes or infections	Heart / Vascular Disease	TB with deteriorating clinical condition and failing the best available treatment.
	Heart failure or extensive, untreatable coronary artery disease with breathlessness or chest pain at rest or on minimal exertion.	Hematological Disease
Hepatic Disease	Severe, inoperable peripheral vascular disease.	Haematological cancer with recurrent admissions for transfusions, infections and/ bleeding.
Cirrhosis with one or more complication in the past year:	Trauma	Haematological condition or cancer with deteriorating clinical condition and failing the best available treatment.
<ul style="list-style-type: none"> • Diuretic resistant ascites • Hepatic encephalopathy complication • Hepatorenal syndrome complications • Bacterial peritonitis • Recurrent variceal bleeds 	Severe burns (ABSI score >10)	
	Brain injury with clinical deterioration where further interventional treatment is futile.	

Look for two or more general indicators of deteriorating health

- The patient with 2 or more unplanned health care facility visits within a period of 3 months with deteriorating life-limiting illness despite optimal treatment.
- Performance status is poor or deteriorating, with limited reversibility e.g. the person stays in bed or in a chair for more than half the day.
- Depends on others for care due to increasing physical and/or emotional and/or mental health problems.
- The person's carer needs more help and support in caring for the patient.
- The person has had significant weight loss (10%) over the last few months or remains underweight.
- Persistent symptoms despite optimal treatment of the underlying condition(s).
- The person (or family) ask for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

Review supportive, palliative care and care planning

- Review current treatment and medication so the patient receives optimal care.
- Consider referral for specialist assessment if symptoms or needs are complex and difficult to manage.
- Agree current and future care goals, and a care plan with the patient and family.
- Plan ahead if the patient is at risk of loss of capacity.
- Record, communicate and coordinate the care plan.