

## Palliative Care (PC)– Care Types framework

The aim of this document is to group patients admitted to specialist palliative care corresponding to goals of care and expectations

Care Type		Description	Primary treatment goal
1	<b>Extensive PC needs</b>	→ <b>Complete palliative assessment and multimodal treatment (bio-psycho-social-spiritual)</b> Patient with very complex problems/multiple symptoms, demanding interdisciplinary decision-making, complex social situation.	Definition of priorities and realistic goals Reduction of complexity.
2	<b>Mobility evaluation and training (Mini.rehabilitaion)</b>	→ <b>Evaluation of physical, cognitive and social function</b> Intensive assessment, training and evaluation through physiotherapy, occupational therapy, logotherapy; planning for future setting of care (e.g. local care network)	Transition to an environment with increased independence, e.g. home, or evaluation of how much support is required for this.
3	<b>Focussed symptom management</b>	→ <b>improvement of single severe symptom</b> Use of interdisciplinary specialist competencies to manage difficult symptoms not controllable so far	Designed for patients with focused treatment goals, such as severe pain or dyspnea, requiring highly specialized interventions, such as interventional pain therapy or non-invasive ventilation
4	<b>Care for the dying patient</b>	→ <b>Care for the dying patient and her/ his carers</b> Complex problems requiring hospital/interprofessional care/specialist bio-psycho-social-spiritual support.	Ending life in dignity adapting care to demanding needs of the patient and the family

## Remarks and examples

Patients who receive active tumour-specific therapies alongside with palliative care are labelled with 'concurrent care' (CC) as an additional characteristic (since 01/2024)

Care Type		Example
1	<b>Extensive palliative care needs</b>	60 year old patient, pancreatic carcinoma, <i>no further oncological treatment options</i> ; Pain, anxiety, persistent vomiting and nausea despite naso-gartic tube, cachexia; high distress levels in the family. High expectations of family carers in new anti-tumor treatment
2	<b>Mobility evaluation and 'Mini-rehabilitation'</b>	35 years old patient, glioblastoma after surgical resection. <i>Ongoing Radio- and Chemotherapy. Functional decline over last 3 weeks; evaluation needed if returning home is an option.</i> Intensive physio- and ergotherapy, repetitive functional independence measurement (FIM) including cognitive function; evaluation of private support system for being able to return home
3	<b>Focussed, symptom management</b>	75 years old patient, oesophageal carcinoma, recurrence with metastases, osseous pain, increased difficulties to swallow, secondary anorexia; evaluation of gastroenterological intervention (stenting), and/ or nutritional support.
4	<b>Care for the dying patient</b>	63 years old patient with ALS, request for stopping non- invasive ventilation; distressed family carers, cultural/ religious challenges

\*Sens framework: SENS is a practice-oriented, thematic structure for assessment, treatment planning and evaluation of chronic, progressive, and potentially life-threatening diseases. SENS – [www.sens-plan.com](http://www.sens-plan.com)