Worksheet for patients and families

Based on the SENS structure, a worksheet (also called "prompt sheet") was developed for patients and their relatives. It can be used as a checklist, for preparing roundtable discussions or for concrete planning. The structure can also serve as a basis for discussions regarding a living will.

Application of SENS in practice

- ✓ Assessment at the beginning of palliative care and treatment or as a follow-up
- ✓ As a tool to prepare a 'round table' and discussions about the needs and limitations, but also about resources of patients and relatives.
- ✓ As a tool for the creation of a care plan and coordination of the care network (for relatives as well as professionals)
- ✓ As a structure for documenting the basic palliative assessment, including billing to third parties (including health insurance companies)
- ✓ A grid for case discussions and teaching

For more information about proactive care planning go to www.iplan-care.ch:

SENS© Pocket Card

SENS is a person-centered structure for the assessment of distressing symptoms/factors and therapy planning in people with chronically progressive and/or life-limiting diseases. The aim is to find a common language for the concrete planning of therapeutic and supportive measures while naming the achievable goals. The topics and contents were defined based on many years of evaluation with patients and their relatives.

SENS stands for
S ymptom management
E nd of life decisions / expectations
N etwork - organization
S upport for the carers

SENS is recognized as a tool for palliative care assessment. It can and should be supplemented by more in-depth assessments in the subject area of symptoms. Two questions are central in parallel: 'what is the patient suffering from' in the medical sense, and: 'who is this person?

SENS©: Problem areas and resources

Symptoms and symptom management

Physical symptoms	e.g. current performance (state)/ mobility, exhaustion/fatigue, pain, dyspnea, appetite
Psychological symptoms	e.g. anxiety, demoralization, sleep disturbance
Social stressors	e.g. effects on relationships and social activities, financial worries
Most important personal resources/ sources of energy, hobbies.	

End of life decisions/ Expectations

Personal history and values	Previous life purposes/ interests (family, job), values, quality of life
Spiritual/ cultural Needs	Belonging to faith/spiritual community, dealing with questions of meaning
Expectations and patient goals	Current expectations and (performance) goals; understanding of prognosis and illness?
Medical and nursing decisions	Current power of judgement, current medical situation/ planned therapies, existing fundamental decisions/ advance directive (CPR, intubation, emergency plan; membership of an org. offering suicide assistance
End of life planning	“unfinished business”, last will, wishes regarding place of death, rituals, funeral

N (etwork) - Organization

Living conditions	e.g. current housing situation (stairs etc?), alternatives, aids, cohabitants, application AUF/IV
Private network	Relatives, friends, volunteers, etc.; availabilities?
Professional network + availability	Family doctor (home visits?), Spitex. mobile palliative service, social work, psychological support, pastoral care; emergency button, “chain of rescue”?

Support for the caregivers

Important: record what is bothering the patient!

Load and Relief options for relatives/ friends	Existing or necessary: • Care support • General care (e.g. night watch, housekeeping) • Psychological support
Financial stressors for family members	Possibilities of being released from work duties? Financial bottlenecks in the future?

For more information: www.sens-plan.com or palliativzentrum@insel.ch

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