



Oxford County Palliative Performance Scale
Suggested Intervention Markers

Assessments	Symptom Management							Information Sharing				Psychosocial & Spiritual	Care Delivery						Informal Caregiver Needs	Advanced Planning																	
								Education		Communication																											
PPS % Score (see reverse)	Initial Pain Assessment Tool	Include PPS in each report	Use ESAS	Alternate routes for meds S/C inj/PCA?	Symptom Control Kit?	Complimentary Therapies	Pressure Reduction Surface	Palliative Resource/Consultant	Symptom Management/Care Tips	Prepare family for expected changes	Review crisis response (discourage 911)	S & S of Approaching Death	Person/Family/Team conference	Discuss time to call family members home	Model Communication. by Touch, Music etc.	Life review, U for unfinished business	Legacy Creation (i.e. Journaling, Video, Scrapbook)	Assess & plan for spiritual support	Ask person/family "what do you need?"	Assess support system	Equipment Needs (CCAC)	Care Needs e.g., O.T., Dietician	CM assess for ↑ units of service	CCAC contracted services	Cancer Soc (e.g., Info Line, Wellspring)	Hospital Palliative Care Team	HOSPICE volunteer services	Social Worker/Pastoral Care	Identify Main Caregiver/ Spokesperson	Respite Options reviewed	Grief Support (N.O.K., OHIP #)	DNR In Place / discussed	Review Advanced directives /SDM	Home Pronouncement Decided	Preference for LTCF/PC Bed/Hospital/Home		
100	U		U													U	U	U	U				U														
90	U		U														U	U	U				U														
80	U		U										U								U				U												
70	U		U										U								U				U												
60	U	U	U			U			U	U	U		U						U						U												
50	U	U	U		U			U	U	U			U						U						U												
40	U	U	U		U			U	U	U			U						U						U												
CONSIDER PREPARING AND PLANNING FOR WEEKENDS AND HOLIDAYS (Doctor on call aware & all team members up to date, SCK in place where applicable)																																					
30	U	U	U		U			U	U	U			U						U						U												
20	U	U	U		U			U	U	U			U						U						U												
10	U	U	U		U			U	U	U			U						U						U												
0				X	X		X	X											U																		

At 0% (Death) X = Discontinue, return equipment, notify others i.e. CCAC, Pharmacy, HOSPICE, Consultants etc.



PALLIATIVE PERFORMANCE SCALE

%	AMBULATION	ACTIVITY & EVIDENCE OF DISEASE	SELF CARE	INTAKE	CONSCIOUS LEVEL
100	Full	Normal Activity No evidence of disease	Full	Normal	Full
90	Full	Normal Activity Some evidence of disease	Full	Normal	Full
80	Full	Normal activity with effort Some evidence of disease	Full	Normal or reduced	Full
70	Reduced	Unable normal job/work Some evidence of disease	Full	Normal or reduced	Full
60	Reduced	Unable hobby/housework Significant disease	Occasional Assistance Needed	Normal or reduced	Full
50	Mainly sit/Lie	Unable to do any work Extensive disease	Considerable Assistance Needed	Normal or reduced	Full +/- Confusion
40	Mainly in bed	As above	Mainly Assisted	Normal or reduced	Full or drowsy +/- Confusion
30	Totally Bed Bound	As above	Total Care	Normal or reduced	Full or drowsy +/- Confusion
20	Moribund	As above	Total Care	Minimal to sips	Full or drowsy +/- Confusion
10	Moribund	As above	Total Care	Mouth Care Only	Drowsy or Coma +/- Confusion
0	Death	-	-	-	-