

S H A D O W

Guide to assist care home staff in the identification of residents in the last year of life

SHADOW will help you identify those residents where conversations should be considered around future plans and wishes regarding their care at the end of life. Because your resident is in a care home it is more likely that they will be approaching the end of their life. This will depend on their overall health and may be more obvious if they are in the final stages of terminal cancer or other life limiting illness. These conversations should be documented in a care plan. When patients have such a care plan this has been shown to improve the quality of life in the last year, months, weeks and days and also support those caring for them including family and friends.

What you need to do

SHADOW should be used when the resident is first admitted to your home and whenever they appear to have failing health or change in any way that might concern you, the resident themselves or their friends/next of kin. It is really important, therefore, to appreciate the guide might need to be used on many occasions as your resident's health changes over time.

Anybody involved in the care of the resident (carer, GP, Community Matron, resident and family/close friends) should give careful thought to the future necessary care planning. This will ensure that conversations with regards to wishes and expectations of the resident and their family/close friends take place and can then be recorded. If your resident has a score of one or more you should inform, depending on what support network you have available locally, the resident's GP or Community Matron.

	Marker	Description	Scoring
S	<u>S</u> urprise question	'Would you be surprised if your resident were to die in the next few months, weeks, days?'	No = 1
H	<u>H</u> ospital	Your resident has attended and/or been admitted to hospital in recent weeks and months on more than one occasion	Yes = 1
A	less <u>A</u> ctive	Your resident now stays in bed or chair for longer than they used to or are no longer able to walk.	Yes = 1
D	<u>D</u> ependent	Your resident is more dependent on others for their ADLs (activities of daily living) e.g. feeding, toileting, etc.	Yes = 1
O	<u>O</u> verall decline	Staff/family have noticed a general progressive decline in the health of the resident, for example, increasingly withdrawn, showing lack of interest in food and drink over recent weeks and months.	Yes = 1
W	<u>W</u> eight loss	Your resident has lost weight over the past few weeks and months (10% or more over the past 6 months).	Yes = 1