

## Palliative Performance Scale (PPS) Assessment

Date: Friday 6<sup>th</sup> December 2024

Time: 10:40am

Patient: George Powell

Assessor: Joanna Doyle

### 1. Ambulation

**Purpose:** Evaluate the patient's mobility and ability to move around.

**Questions:**

- Is the patient fully ambulatory, moving without assistance?
- Do they need help to move, or are they bed-bound?

**Response Summary:** George is mainly sits or lies down but can transfer with assistance.

**Score:** 50%

### 2. Activity Level and Evidence of Disease

**Purpose:** Determine the patient's engagement in activities and level of disease symptoms.

**Questions:**

- Are they able to carry out normal activities without limitations?
- Is disease impacting their ability to engage in even minor activities?

**Response Summary:** George's activity is significantly limited due to disease symptoms.

**Score:** 60%

### 3. Self-Care

**Purpose:** Assess the patient's ability to perform daily self-care tasks.

**Questions:**

- Can they independently manage personal care?
- Do they require occasional or complete assistance?

**Response Summary:** George needs regular assistance with self-care.

**Score:** 50%

### 4. Oral Intake

**Purpose:** Evaluate the patient's ability to eat and drink.

**Questions:**

- Is the patient eating normally, or do they require dietary adjustments?
- Are they dependent on liquid diets or have minimal oral intake?

**Response Summary:** George requires partial liquids.

**Score:** 50%

### 5. Level of Consciousness

**Purpose:** Assess the patient's mental alertness and responsiveness.

**Questions:**

- Is the patient alert and oriented?
- Do they appear drowsy, confused, or semi-conscious?

**Response Summary:** George is alert and oriented.

**Score:** 100%

Total Score

**Overall Score: 62%**

### Overall Summary

George Powell demonstrates moderate limitations in mobility and activity due to disease symptoms. He requires regular assistance with self-care and has a partially liquid diet. However, he remains alert and oriented. The overall score indicates a need for supportive care to maintain his quality of life and manage disease symptoms effectively.

## Care Plan Records

### Care Plan Title: Mobility and Self-Care Support

#### Goal/Aim:

To **enhance mobility, maintain independence where possible**, and provide **adequate support for self-care activities**, ensuring comfort and dignity in daily living.

#### Interventions and Actions:

##### 1. Mobility Support

**Objective:** Improve functional movement and reduce the risk of complications related to immobility.

- **Encourage assisted transfers** to and from the bed/chair at least **3 times daily** to prevent deconditioning.
- Implement a **gentle range of motion (ROM) exercise program** with caregiver assistance to maintain joint flexibility.
- Provide **mobility aids** such as a walker or transfer belt to assist with movement safely.
- Assess for **pressure sore risk (Waterlow Score)** and implement **pressure-relieving strategies**, including repositioning every **2 hours** if seated for extended periods.

##### 2. Self-Care Assistance

**Objective:** Support George in maintaining personal hygiene and dignity while ensuring safety in daily activities.

- Assist with **personal care (bathing, dressing, oral hygiene, and grooming) daily**, encouraging as much participation as possible.
- Use **adaptive equipment** (e.g., long-handled sponges, dressing aids) to promote independence in self-care tasks.
- Provide **scheduled assistance with toileting and continence care** to maintain comfort and hygiene.
- Monitor for **signs of fatigue or distress** during self-care routines and adjust support as needed.

##### 3. Nutritional Support

**Objective:** Ensure adequate nutritional intake tailored to George's partially liquid diet.

- Work with a **dietitian to create a meal plan** that provides appropriate nutrition through **nutrient-rich liquids and soft foods**.

- Encourage **small, frequent meals and hydration** to prevent malnutrition and dehydration.
- Monitor for **signs of swallowing difficulties (dysphagia assessment)** and refer to a speech and language therapist (SLT) if needed.
- Provide **assisted feeding** when necessary to ensure adequate intake.

#### 4. Comfort and Symptom Management

**Objective:** Maintain George's comfort and manage any symptoms related to his condition.

- Conduct **regular pain assessments (e.g., Abbey Pain Scale if non-verbal)** and administer **prescribed analgesics as needed**.
- Provide **positioning support with pillows and specialized mattresses** to prevent discomfort and pressure ulcers.
- Monitor for **signs of anxiety or emotional distress** and provide **psychosocial support** (family visits, relaxation techniques).
- Coordinate with the **palliative care team** for additional symptom management as needed.

#### 5. Review and Monitoring

**Objective:** Ensure continuous assessment and adjustment of care plans based on George's needs.

- Reassess **mobility, self-care ability, and dietary needs weekly** to adjust support accordingly.
- Conduct a **monthly multidisciplinary team (MDT) review** involving nurses, physiotherapists, dietitians, and caregivers.
- Maintain a **daily clinical record of mobility levels, self-care participation, and nutritional intake** for ongoing evaluation.

#### Clinical Chart Records to be Maintained:

1. **Daily Care Log** – Document assistance provided with mobility, self-care, and feeding.
2. **Nutritional Intake Chart** – Track food and fluid intake to ensure adequate nourishment.
3. **Mobility Chart** – Record frequency of assisted movement, exercise participation, and any mobility challenges.
4. **Pain Management Chart** – Document pain levels, interventions used, and effectiveness.

5. **Pressure Area Care Record** – Monitor skin integrity and implement repositioning as required.

**Review Schedule:**

- **Weekly:** Mobility, self-care, and dietary intake review.
- **Monthly:** Full assessment review by the multidisciplinary team (MDT).
- **As Needed:** Adjustments to care based on any significant changes in George's condition.

**Risk Matrix**

Activity	Risk Level	Risk Factors
Mobility	Moderate	Limited mobility, risk of falls
Self-Care	Moderate	Dependence on assistance
Nutrition	Low	Partial liquid diet
Mental Alertness	Low	Alert and oriented