

## Tools and Communication for Care-Aides and Personal Support Workers

Being frontline caregivers, Personal Support Workers (PSWs) and Care-Aides are present with clients more frequently than other care-providers. An important role for these care-givers is gathering information and sharing this information with the team.

The Palliative Performance Scale (PPS) is one tool that gives a snapshot of a client's performance status and needs. There are key indicators above each column, and each row of indicators is assigned a

percentage. Murray (2014) state overall PPS is set as the lowest level observed for any one of the key indicators. There are no half way points between indicators. Care-Aides, and PSWs are not expected to determine the PPS, but should be able to describe the client's needs and changes. If a quick and rapid decline in the key indicators is observed, record and report this to the nurse immediately. Slow or gradual declines may be reported every few days.

It can be difficult to determine if the client is uncomfortable when they have an altered level of consciousness or dementia. Observational tools can help guide care. The Pain Assessment in Advanced Dementia (PAIN-AD) tool is useful in situations where a client is unable to self-report. This tool is available on OurNH, from DocuSource, and on northernhealth.ca. With the PAIN-AD, one monitors for changes in different behaviours (breathing, consolability, vocalizations, body language and facial expression). Common behaviours seen in someone who may be uncomfortable (used in the PAIN-AD) include groaning, moaning, crying, grimacing, pulling or pushing away, being inconsolable, or having laboured/loud breathing.

Palliative Performance Scale (PPSv2) version 2					
PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work 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 Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sip	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

### Katherine Murray's Tips for Successful Communication

(Murray, 2014)

Clearly Reporting	Clearly Recording
1. Identify the person's name and time of interaction	1. Write in language that is understandable
2. Clearly identify the concerns	2. Be brief and to the point
3. Summarize gathered information	3. Do not make assumptions/judgments
4. Include current comfort measures	4. Use correct grammar, spelling, & punctuation
5. Include any other symptoms or changes	5. Avoid abbreviations
6. Include your request	6. Include who you reported to, when and signature

#### References:

Murray, K. (2014). *Integrating a Palliative Approach: Essentials for Personal Support Workers*. N.p.: Life and Death Matters.  
NH Hospice Palliative Care Program (2008): Symptom Management Guidelines, 2<sup>nd</sup> Ed.