



Working in partnership between United Lincolnshire Hospital Trust, Macmillan Cancer Support, Lincolnshire Community Health Service, Marie Curie, St Barnabas Lincolnshire Hospice and Lincolnshire County Council

Responsive Need Tool (RNT) – to be used in conjunction with RNT scoring aid

Level and score	Description of level	Care requirements/plan
Level 4 Score 31 - 44	<ul style="list-style-type: none"> • Patient's condition is deteriorating rapidly towards the end of life with frequent changes in condition noted • Without intervention, admission to hospital or crisis is inevitable • Intervention will enable preferred place of care/death 	<ul style="list-style-type: none"> • Care delivered by specialists and generalists • In addition to care provided by key worker/community team up to three visits/contacts a day from specialist palliative care providers • Registered professional / key worker uses the scoring tool to reassess the patient weekly, or in the event of significant change, and informs Palliative Care Coordination Centre, PCCC so care package can be arranged • Consider EPaCCS (Electronic Palliative Care Coordination System)
Level 3 Score 26 - 30	<ul style="list-style-type: none"> • Patient's condition is deteriorating with weekly changes to condition noted • Without intervention, admission or crisis is probable or possible. • Patient is at risk of worsening quickly • Intervention will enable preferred place of care/death 	<ul style="list-style-type: none"> • Care delivered by specialists and generalists • In addition to care provided by key worker/community team from three visits/contacts a week up to daily contact by specialist palliative care providers • Registered professional / key worker uses the scoring tool to reassess the patient weekly, or in the event of significant change, and informs PCCC so care package can be arranged • Consider EPaCCS
Level 2 Score 21- 25	<ul style="list-style-type: none"> • Patients condition is deteriorating with changes to condition noted over several weeks/ monthly • Intervention is required to support patient in preferred place of care and anticipate and address future changing care needs (e.g. Advance Care Plan) 	<ul style="list-style-type: none"> • Consider referral to : St Barnabas Day Therapy Services and/or Hospice at Home services via PCCC Tel: 08450 550708 • Care delivered by specialists and generalists. In addition to care provided by key worker/community team up to two visits/contacts a week by specialist palliative care providers • Registered professional / key worker uses the scoring tool to reassess the patient weekly, or in the event of significant change, and informs PCCC so care package can be arranged • Consider referral for carer's assessment • Consider EPaCCS
Level 1 Score less than 21	<ul style="list-style-type: none"> • Patient is asymptomatic or symptoms are well managed and stable • Patient and carer are coping and aware of how to access support in case of change 	<ul style="list-style-type: none"> • Care delivered by generalists if required in patient home • Consider referral to St Barnabas Hospice Day Therapy • Consider referral for carer's assessment • Consider EPaCCS

If your professional judgement is that patient is of a higher/lower level and you can justify this please alter level indicated by the scores and inform PCCC of this professional judgement.

October 2015

Patient Details

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Responsive Need Tool scoring aid (to be used in conjunction with RNT)

Prognostic indication	More than six months	1
	Less than six months	2
	Less than two months	3
	Within two weeks	4
Age	74 + under	0
	75 + over	1
Co-morbidities	Long-term illness	0
	More than one long-term illness/long-term co-morbidity	1
Deterioration status	Stable	0
	Monthly changes	1
	Weekly changes	2
	Daily changes	3
Hospital admissions (approximate)	No unplanned admissions in the last three months	0
	One or two unplanned admissions in last three months	1
	One or two unplanned admissions in last month	2
	More than two unplanned admissions in last month	3
Symptoms (physical)	Asymptomatic or well controlled	0
	Generally well controlled/needs weekly monitoring /one symptom	1
	Two or more symptoms needing daily monitoring	2
	Two or more symptoms not controlled or requiring s/c meds	3
Psychological needs	Coping well, no psychological needs	0
	Generally coping, mood changes consistent with illness, needs met by current support network	1
	Psychological symptoms that require intervention. Psychological distress is impacting on patient wellbeing	2
	Psychological problems requiring continuous support and/or specialist input to address distress/anguish	3
Fatigue/Conscious level	Conscious, but tires easily	1
	Conscious, but spends less than half the day sleeping/resting	2
	Conscious, but spends more than half the day sleeping/resting	3
	Semi-conscious/ unconscious	4
Personal hygiene	Fully independent	0
	Partially Independent/has established social care package to support patient/ needs assistance of one carer for personal care (any of these)	1
	Needs assistance of two to meet personal care needs	2
	Needs full assistance/ hygiene needs met while patient in bed	3
Eating and drinking	Appetite unaffected	0
	Still eats three meals a day, although quantity of intake may be reduced	1
	Reduced eating and drinking where nutrition an issue: e.g. snacking only /may be on supplements	2
	Minimal intake, sips/ nil by mouth	3
Mobility	Independent, still able to get outdoors	0
	Independent, but generally housebound	1
	Needs assistance/support /able to transfer only e.g. bed-chair	2
	Bed bound	3



Performance Score Karnofsky Performance Scale (AKPS) – see scoring guidelines below	Score 90 – 100 relatively fit / well	1
	Score 60 – 80 not regularly active/ symptoms limit activity, not dependent on others all of the time	2
	Score 40 – 50 Mildly-moderately frail, frailty progressing, requires considerable assistance with ADLs or in bed some of the time	3
	Score 0 – 30 – Severely frail / bed bound/ terminally ill/ completely dependent for personal care	4
Cognition	Full mental capacity /no memory problems	0
	Mild cognitive impairment/memory problems/potentially reversible	1
	Moderate cognitive impairment/ memory problems/fluctuating mental capacity	2
	No mental capacity/ severe cognitive impairment	3
Carer/Next of Kin (NOK) (relates to carers coping)	Carer/NOK has good informal support/long established care package	1
	Carer/NOK able to cope but needs weekly professional support	2
	Carer/NOK needing increased professional support/limited informal support available	3
	Carer/ NOK unable to cope without professional support/ high risk carer breakdown requires carers assessment	4
Spirituality/Future planning (Advance Care Planning)	Future preferences and wishes/spiritual needs addressed	1
	Future preferences and wishes/spiritual needs require assessment/review	2
	Future preferences and wishes/spiritual needs require planned intervention	3
	Requires urgent intervention for unresolved issues	4
Total score	Total	

Australia-modified Karnofsky Performance Scale (AKPS) assessment criteria

Normal; no complaints; no evidence of disease	100
Able to carry on normal activity; minor sign of symptoms of disease	90
Normal activity with effort; some signs or symptoms of disease	80
Cares for self; unable to carry on normal activity or to do active work	70
Able to care for most needs; but requires occasional assistance	60
Considerable assistance and frequent medical care required	50
In bed more than 50 per cent of the time	40
Almost completely bedfast	30
Totally bedfast and requiring extensive nursing care by professionals and/or family	20
Comatose or barely rousable	10
Dead	0

Function as per Karnofsky score

High Function
Moderate Function
Low Function