Worksheet for patients and families

Based on the SENS structure, a worksheet (also called "prompt sheet") was developed for patients and their relatives. It can be used as a checklist, for preparing roundtable discussions or for concrete planning. The structure can also serve as a basis for discussions regarding a living will.

Application of SENS in practice

- ✓ Assessment at the beginning of palliative care and treatment or as a follow-up
- ✓ As a tool to prepare a 'round table' and discussions about the needs and limitations, but also about resources of patients and relatives.
- ✓ As a tool for the creation of a care plan and coordination of the care network (for relatives as well as professionals)
- ✓ As a structure for documenting the basic palliative assessment, including billing to third parties (including health insurance companies)
- ✓ A grid for case discussions and teaching

More information on proactive care planning at
www.iplan-care.ch

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SENS$^{©}$ Pocket Card

SENS is a person-centered structure for the assessment of distressing symptoms/factors and therapy planning in people with chronically progressive and/or life-limiting diseases. The aim is to find a common language for the concrete planning of therapeutic and supportive measures while naming the achievable goals. The topics and contents were defined based on many years of evaluation with patients and their relatives.

SENS stands for
S ymptom management
E nd of life decisions / expectations
N etwork - organization
S upport for the carers

SENS is recognized as a structure for palliative care assessment. It can and should be supplemented by more in-depth assessments in the subject area of symptoms. Two questions are central in parallel: 'what is the patient suffering from' in the medical sense, and: 'who is this person?

SENS©: Problem areas and resources

Assess in general: General well-being, current problem areas, resources and coping strategies of patient and relatives

Symptoms and Symptom Management

Physical symptoms	Pain, nausea, dyspnea, exhaustion/fatigue, appetite, digestion, pruritus, edema
Psychological symptoms	Deterioration of cognition, anxiety depression, demoralization incl. death wish, sleep disturbance.
Social stressors	Effects on relationships and social activities, hobbies, occupation, and finances.
Most important personal resources/ sources of energy	

End of life decisions/ Expectations

Personal history and values	Previous life contents (family, job), values, quality of life
Spiritual/ cultural Needs	Belonging to faith/spiritual community, dealing with questions of meaning
Expectations and patient goals	Most important goals and wishes Realistic? Measurand (function)?
Medical and nursing decisions	Current medical situation/ planned therapies, existing policy decisions (CPR, intubation, emergency plan); current capacity for judgment Representative for medical decisions
End of life planning	"Unfinished business", will, wishes regarding place of death, rituals, burial

Network - organization

Living conditions	Current housing situation (stairs etc?), alternatives, aids, cohabitants, application AUF/IV
Private network	Relatives, friends, volunteers, etc., availabilities?
Professional network + availability	Family doctor (home visits?), Spitex. mobile palliative service, social work, psychological support, pastoral care; emergency button, rescue chain?

Support for the caregivers

Important: record what is bothering the patient!

Load and Relief options for relatives/friends	Existing or necessary: - Care support - General care (e.g. night watch, housekeeping) - Psychological support
Financial stressors for family members	Possibilities of being released from work? Financial bottlenecks in the future?

More information

www.sens-plan.com or palliativzentrum@insel.ch

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