

Patient demographics

1. BFAT ID Code (e.g HOSP_0001)

2. Age:

Age in years

3. Sex:

☐

Male

☐

Female

4. Marital Status

☐

Single

☐

Married

☐

De facto

☐

Widowed

☐

Divorced

☐

Unknown

5. Aboriginal or Torres Strait Islander

☐

Yes

☐

No

☐

Unknown

6. NESB

☐

Yes

☐

No

☐

Unknown

7. Date and time of final admission

	DD	MM	YYYY	HH	MM	AM/PM
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Cause of death/diagnosis at death

Admissions History

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9. Date and time of death

Date

DD	MM	YYYY	HH	MM	AM/PM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Medical Unit of Death (specialty not ward)

11. Interregional transfer?

☐ Yes

☐ No

If yes, please specify referring hospital

12. Previous admissions over past 3 years

Number:

13. Admitted to ICU in final admission

☐ Yes

☐ No

14. Start and end times for ICU admissions during final admission

First Admission

DD	MM	YYYY	HH	MM	AM/PM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Start Date and
Time:

End Date and

DD	MM	YYYY	HH	MM	AM/PM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Time:

Second

DD	MM	YYYY	HH	MM	AM/PM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Admission Start
Date and Time:

End Date and

DD	MM	YYYY	HH	MM	AM/PM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Time:

Social Premorbid History

15. Activities of Daily Living

☐ Independent

☐ Partially dependant

☐ Dependant

☐ Unknown

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16. Care needs (if specified)

- ☐ Nil
- ☐ Has a carer
- ☐ Home visit nurse
- ☐ Resident in Aged Care Facility
- ☐ Unknown

17. Is a carer?

- ☐ Yes
- ☐ No
- ☐ Unknown

18. Exercise tolerance

- ☐ No limits on physical activity
- ☐ Ordinary activities result in fatigue/symptoms
- ☐ Less than ordinary activities result in fatigue/symptoms
- ☐ Bed bound
- ☐ Unknown

19. Alcohol Use

- ☐ Yes
- ☐ No
- ☐ Unknown

Number of standard drinks per week

20. Smoker

- ☐ Yes
- ☐ No
- ☐ Unknown

Packs per day

Brisbane Futility Audit Tool_5February15

21. Other drug use

- ☐ Yes
☐ No
☐ Unknown

Give details here

22. Evidence of Advance Care Planning prior to admission

- ☐ Yes
☐ No

23. If yes, tick the boxes below

- ☐ Palliative Care Review
☐ Refusal of treatment
☐ AHD
☐ EPA
☐ NFR
☐ ARP
☐ Notes in chart regarding wishes (give details on Summary page)

AHD – Advance Health Directive
EPA – Enduring Power of Attorney
NFR – Not For Resuscitation
ARP – Acute Resuscitation Plan

24. Family, partner and personal support group

- ☐ Spouse or partner
☐ Sibling/s
☐ Adult children
☐ Parent
☐ Attorney or Guardian appointed
☐ Other (e.g friend, neighbour, nephew, niece)
☐ None

25. Conflict in medical team?

- ☐ Yes
☐ No

26. Family conflict

- ☐ Yes
☐ No

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27. Briefly note the nature of the conflict here

28. Other external review

- ☐ Hospital lawyer
- ☐ Hospital administrator
- ☐ Ethics committee
- ☐ Adult Guardian
- ☐ Court or Tribunal
- ☐ Coronial review

Other (please specify)

Clinical Premorbid History incorporating SPICT criteria

29. Identify any of the following indicators of deteriorating health

- ☐ Needs help with personal care, in bed or chair for 50% or more per day
- ☐ Two or more unplanned hospital admissions in the past 6 months
- ☐ Weight loss (5-10%) over the past 3-6 months and/or body mass index <20
- ☐ Persistent, troublesome symptoms despite optimal treatment of any underlying condition(s).
- ☐ At risk of dying from a sudden, acute deterioration.
- ☐ Patient requests supportive and palliative care, or treatment withdrawal.
- ☐ Would be surprised if this patient is alive in 12 months?
- ☐ Have clinicians indicated this is futile?

30. Consult attached SPICT Criteria code and tick the symptoms that apply

Number of criteria ticked:

Insert codes here:

31. Major procedures in the last 12 months (including CPR) (e.g surgery, GA, initiate dialysis, chemotherapy or radiotherapy)

32. Documented benefit of treatment in the last 2 weeks

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33. Documented burden of treatments delivered in the last 2 weeks

34. Use of evidence based protocols in the last 2 weeks

35. Resuscitation Status for final admission

Patient requests:

- ☐ Defibrillation
- ☐ Invasive ventilation
- ☐ Active treatment

Active treatment is defined as a therapeutic substance or course intended to ameliorate the basic disease problem, as opposed to supportive or palliative treatment

36. Outcome of resuscitation at or during admission

- ☐ Improvement
- ☐ No change
- ☐ Deterioration

Other (please specify)

37. Suitable for organ donation

- ☐ Yes
- ☐ No

38. Decision to donate

- ☐ Yes
- ☐ No

Review all sections

39. Date patient or family request withdrawal or limitation of therapy

Date / Time / /

40. Date that medical team suggest withdrawal or limitation of therapy

Date / Time / /

41. If treatment continues after these dates, record reason here

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42. Was there a documented decision not to treat or to withdraw treatment during this admission?

- ☐ Yes
☐ No

43. On what date was treatment withdrawn?

Date / Time DD MM YYYY
 / /

44. Was there futile treatment for this patient? Use this definition as a guide and tick elements that appear to be relevant for this case.

Futile treatment is treatment that does not bring benefit to the patient, in terms of:

- ☐ Improving the patient's quality of life
☐ Significantly prolonging the patient's life of acceptable quality
☐ Involving burden that outweighs benefit

45. Was there futile treatment for this patient?

- ☐ YES
☐ NO

46. How confident are you in your answer?

- ☐ 0-10% ☐ 11-20% ☐ 21-30% ☐ 31-40% ☐ 41-50% ☐ 51-60% ☐ 61-70% ☐ 71-80% ☐ 81-90% ☐ 91-100%

47. If YES, on what date did care become futile?

Please do not skip this question, your best response is very important

Date care became futile: DD MM YYYY
 / /