

# Palliative care phase code N

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# Palliative care phase code N

## Identifying and definitional attributes

<b>Metadata item type:</b>	Value Domain
<b>METEOR identifier:</b>	445936
<b>Registration status:</b>	<a href="#">Health</a> , Standard 11/04/2014 <a href="#">Independent Hospital Pricing Authority</a> , Superseded 03/11/2016 <a href="#">Tasmanian Health</a> , Superseded 19/05/2020
<b>Definition:</b>	A code set describing the phases of palliative care.

## Representational attributes

<b>Representation class:</b>	Code	
<b>Data type:</b>	Number	
<b>Format:</b>	N	
<b>Maximum character length:</b>	1	
	<b>Value</b>	<b>Meaning</b>
<b>Permissible values:</b>	1	Stable
	2	Unstable
	3	Deteriorating
	4	Terminal
<b>Supplementary values:</b>	9	Not reported

## Collection and usage attributes

**Guide for use:**

The palliative care phase is the stage of the palliative care patient's illness.

**CODE 1 Stable**

The patient symptoms are adequately controlled by established management. Further interventions to maintain symptom control and quality of life have been planned. The situation of the family/carers is relatively stable and no new issues are apparent. Any needs are met by the established plan of care.

**CODE 2 Unstable**

The patient experiences the development of a new unexpected problem or a rapid increase in the severity of existing problems, either of which require an urgent change in management or emergency treatment. The family/carers experience a sudden change in their situation requiring urgent intervention by members of the multidisciplinary team.

**CODE 3 Deteriorating**

The patient experiences a gradual worsening of existing symptoms or the development of new but expected problems. These require the application of specific plans of care and regular review but not urgent or emergency treatment. The family/carers experience gradually worsening distress and other difficulties, including social and practical difficulties, as a result of the illness of the person. This requires a planned support program and counselling as necessary.

**CODE 4 Terminal**

Death is likely in a matter of days and no acute intervention is planned or required. The typical features of a person in this phase may include the following:

- Profoundly weak.
- Essentially bed bound.
- Drowsy for extended periods.
- Disoriented for time and has a severely limited attention span.
- Increasingly disinterested in food and drink.
- Finding it difficult to swallow medication.

This requires the use of frequent, usually daily, interventions aimed at physical, emotional and spiritual issues. The family/carers recognise that death is imminent and care is focussed on emotional and spiritual issues as a prelude to bereavement.

**CODE 9 Not reported**

The phase of the illness has not been reported.

Palliative care phases are not sequential and a patient may move back and forth between phases. Palliative care phases provide a clinical indication of the type of care required and have been shown to correlate strongly with survival within longitudinal prospective studies.

## Source and reference attributes

**Origin:**

Palliative Care Outcomes Collaboration (PCOC) 2009. PCOC V2 Data Definitions and Guidelines. Australian Health Services Research Institute, University of Wollongong, Wollongong. Viewed 24 August 2012, <http://ahsri.uow.edu.au/content/groups/public/@web/@chsd/@pcoc/documents/doc/uow090306.pdf>

## Relational attributes

**Related metadata references:**

Has been superseded by [Palliative care phase code N](#)  
[Independent Hospital Pricing Authority](#), Standard 03/11/2016

**Data elements  
implementing this value  
domain:**

[Episode of admitted patient care—palliative care phase, code N](#)  
[Health](#), Superseded 19/11/2015  
[Independent Hospital Pricing Authority](#), Standard 31/10/2012  
[Episode of admitted patient care—palliative care phase, code N](#)  
[Health](#), Superseded 25/01/2018  
[Tasmanian Health](#), Superseded 19/05/2020