

Paediatric Palliative Screening Scale (PaPaS)



Name of Patient : _____

Please read each item and check the option that best describes the patient and their family. Every item should be answered, unless a selected option from the previous item instructs to skip it.

Domain 1: Trajectory of disease and impact on daily activities of the child			
1.1.1	With reference to the past 3 months, the disease trajectory of the child, in comparison with the child's own baseline, is...	...Stable	0 <input type="checkbox"/>
		...Stable, but slowly deteriorating	1 <input type="checkbox"/>
		...Unstable with slow deterioration	2 <input type="checkbox"/>
		...Unstable with significant deterioration (Please skip 1.1.2)	4 <input type="checkbox"/>
1.1.2	With reference to the past 3 months, the impact of condition on daily activities of the child, in comparison with the child's own baseline.	No impact	0 <input type="checkbox"/>
		Daily activities are impacted/restricted	1 <input type="checkbox"/>
		Daily activities are severely impacted/restricted	2 <input type="checkbox"/>
1.2	In the past 6 months, there was a more than 50% increase in unplanned hospital admissions <i>(compared to previous periods)</i>	No	0 <input type="checkbox"/>
		Yes	3 <input type="checkbox"/>
Domain 2: Expected outcome of treatment directed at the disease and burden of treatment			
2.1	Treatment directed at the disease, even if not administered... (does not include treatment of disease-related complications, such as pain, dyspnea or fatigue)	...is curative.	0 <input type="checkbox"/>
		...controls disease and prolongs life with good quality of life.	1 <input type="checkbox"/>
		...does not cure or control but has a positive effect on quality of life.	2 <input type="checkbox"/>
		...does not control and has no effect on quality of life.	4 <input type="checkbox"/>
2.2	Burden of treatment, including both disease-directed and symptom-directed treatments. (consider frequency and skills involved; e.g. side effects, hospital stay, additional tasks for patients/caregivers)	No/minimal burden OR no treatment is planned	0 <input type="checkbox"/>
		Low level of burden (e.g. simple oral medication or diet modification)	1 <input type="checkbox"/>
		Medium level of burden (e.g. feeding tubes, catheters, medications with adverse effects)	2 <input type="checkbox"/>
		High level of burden (e.g. hospitalization, tracheostomy, BiPAP/C-PAP, PICC line, frequent suctioning)	4 <input type="checkbox"/>

Paediatric Palliative Screening Scale (PaPaS)



Domain 3: Symptom and problem burden			
3.1.1	Symptom intensity over the past 3 months (consider unplanned hospitalization or outpatient visits, symptom crises)	Patient is asymptomatic (Please skip 3.1.2)	0 <input type="checkbox"/>
		Symptom(s) are mild	1 <input type="checkbox"/>
		Symptom(s) are moderate	2 <input type="checkbox"/>
		Symptom(s) are severe (Please skip 3.1.2)	4 <input type="checkbox"/>
3.1.2	Difficulty of symptom control over the past 3 months (consider unplanned hospitalization or outpatient visits, symptom crises)	Symptom(s) are easy to control	0 <input type="checkbox"/>
		Symptom(s) are controllable	1 <input type="checkbox"/>
		Symptom(s) are difficult to control	2 <input type="checkbox"/>
3.2	Psychological distress of patient related to symptoms	Absent	0 <input type="checkbox"/>
		Mild	1 <input type="checkbox"/>
		Moderate	2 <input type="checkbox"/>
		Significant	4 <input type="checkbox"/>
3.3	Psychological distress of parents or family related to symptoms and suffering of the child	Absent	0 <input type="checkbox"/>
		Mild	1 <input type="checkbox"/>
		Moderate	2 <input type="checkbox"/>
		Significant	4 <input type="checkbox"/>
Domain 4: Preferences of Health Professional			
4.1	Patient/parents wish to receive palliative care or formulate needs that are best met by palliative care.	No	0 <input type="checkbox"/>
		Yes (Please skip 4.2)	4 <input type="checkbox"/>
4.2	You or your team feel that the patient would benefit from palliative care.	No	0 <input type="checkbox"/>
		Yes	4 <input type="checkbox"/>
Domain 5: Estimated Life Expectancy			
5.1	Estimated life expectancy/Prognosis	Several years	0 <input type="checkbox"/>
		1 – 2 years	1 <input type="checkbox"/>
		3 months to a year (Please skip 5.2)	3 <input type="checkbox"/>
		Less than 3 months (Please skip 5.2)	4 <input type="checkbox"/>
5.2	Would you be surprised if this child died in 6 months' time?	Yes	0 <input type="checkbox"/>
		No	2 <input type="checkbox"/>

Please fill the details below.

Name of Doctor completing this form : _____ Date : _____

Signature : _____ Contact No. : _____

**This form is a required appendix for referrals to Star PALS;
please fax this form together with the SHC Common Referral Form.*