SOP · PAL-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 49.3

At a glance

- Palliative care needs are identified with a defined screening method at admission and at each change in condition.
- Symptoms are assessed and controlled using the symptom assessment chart (HSP-FRM-001) and pain reassessment (MNP-SOP-002).
- The patient and family are offered support, including bereavement follow-up (HSP-FRM-003).
- Palliative care is not withheld because of the diagnosis, setting or ability to pay.
- Stop and get help straight away if: a patient with a palliative need has no symptom plan or family support offer recorded.

1. Purpose

To make sure palliative needs are found by a defined method, and that symptoms and family needs are met (49.3).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Palliative care is needed for many patients long before the end of life. Identifying those needs with a defined method, and treating the symptoms, relieves suffering early.

5. Responsibilities

Role	Responsibility	Competence
Treating clinician	Screens for palliative needs and sets the symptom plan	Clinical lead
Nurse in charge	Reassesses symptoms at the set interval and offers family support	Clinical lead

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Screen.

- Screen each admitted patient for palliative needs with the defined method.

Key point: Screened.

Step 2. Control.

- Assess and control symptoms (HSP-FRM-001), and reassess pain (MNP-SOP-002).

Key point: Controlled.

Step 3. Support.

- Offer the patient and family support, and record the offer (HSP-FRM-003).

Key point: Supported.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Patients screened for palliative needs	100%	Monthly	Clinical lead	Escalate to the hospital director
Patients with a symptom plan and a family support offer	100%	Monthly	Clinical lead	Review the plan within 24 hours

14. Records

Record	Kept in	Retention

Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
HSP-POL-001	Symptom assessment and control (existing, reused)	Policy
HSP-FRM-003	Family support and bereavement follow-up record (existing, reused)	Record

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **End-of-Life & Palliative Care** (LTC-06)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)

- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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