

Flowchart 2: Management of patients receiving palliative care who are not suitable for imaging

Person-centred decision making	<ul style="list-style-type: none">• Discuss treatment options with oncology, palliative medicine and the patient and family.
Immediate management	<ul style="list-style-type: none">• Trial steroids 8 mg bd with gastroprotection and blood glucose monitoring. Discontinue if no improvement in 5 days.• Consider pain management, bowel management, urinary catheter, pressure area monitoring and thromboprophylaxis.• Radiotherapy may be considered for pain.• Consider daily neurological examination.
Mobility +/- orthotics	<ul style="list-style-type: none">• An MDT and patient discussion should take place to decide on mobility status. Agree and document a clear plan. In most cases patients can mobilise as pain allows. In some circumstances an orthosis may be beneficial.
Next steps	<ul style="list-style-type: none">• Ensure a clear plan for weaning off steroids. Consider holistic needs, rehabilitation potential and discharge planning. Consider future care planning discussions.