

Insert service name and logo here	(Please complete of affix Addressograph Label here)											
	MRN	_____	DOB	_____								
	SURNAME	_____										
	GIVEN NAMES	_____										

PALLIATIVE CARE ASSESSMENT FORM (*sample assessment form*)

Instructions for Use: Assess on admission, daily, at phase change and at discharge

Date:											
Time:											
PHASE:											
<u>Problem Severity Score</u>											
Pain											
Other Symptoms											
Psychological/spiritual											
Family carer											
<u>RUG ADL</u>											
Bed Mobility											
Toileting											
Transfer											
Eating											
Total RUG											
<u>Karnofsky Performance Scale</u>											
<u>Symptom Assessment Scale</u>											
Insomnia											
Appetite Problems											
Nausea											
Bowels											
Breathing											
Fatigue											
Pain											
Other:											
Other:											
Reason for phase end											
Model of Care at phase end											
Staff Initials											

Insert Service Name here

Palliative Care Assessment Form

MR xx

<p><u>PALLIATIVE CARE PHASE:</u> <i>Staff rated:</i></p> <ol style="list-style-type: none"> STABLE: Symptoms are adequately controlled by established management UNSTABLE: Development of a new problem or a rapid increase in the severity of existing problems DETERIORATING: Gradual worsening of existing symptoms or the development of new but expected problems TERMINAL: Death likely in a matter of days BEREAVED: Death of a patient has occurred and the carers are grieving 	<p><u>RUG-ADL</u> <i>(Resource Utilisation Group – Activities of Daily Living)</i> <i>Staff rated:</i> <i>For Bed Mobility, Toileting and Transfers For Eating</i></p> <table border="0"> <tr> <td>1. Independent or supervision only</td> <td>1. Independent or supervision only</td> </tr> <tr> <td>3. Limited physical assistance</td> <td>2. Limited assistance</td> </tr> <tr> <td>4. Other than two person physical assist</td> <td>3. Extensive assistance/total dependence/tube fed</td> </tr> <tr> <td>5. Two or more person physical assist</td> <td></td> </tr> </table>	1. Independent or supervision only	1. Independent or supervision only	3. Limited physical assistance	2. Limited assistance	4. Other than two person physical assist	3. Extensive assistance/total dependence/tube fed	5. Two or more person physical assist															
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4. Other than two person physical assist	3. Extensive assistance/total dependence/tube fed																						
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<p><u>REASON FOR PHASE END:</u> (the reason this phase ended)</p> <ol style="list-style-type: none"> Phase Change Discharge/Case closure Died Bereavement phase end <p>If the reason for phase change is bereaved, record 3 died. At the end of bereaved phase record 4</p>	<p><u>AKPS</u> <i>(Australian modified Karnofsky Performance Scale)</i> <i>Staff rated:</i></p> <table border="0"> <tr> <td>100</td> <td>Normal, no complaints or evidence of disease</td> </tr> <tr> <td>90</td> <td>Able to carry on normal activity, minor signs or activity</td> </tr> <tr> <td>80</td> <td>Normal activity with effort, some signs or symptoms of disease</td> </tr> <tr> <td>70</td> <td>Care for self, unable to carry on normal activity or to do active work</td> </tr> <tr> <td>60</td> <td>Occasional assistance but is able to care for most of his needs</td> </tr> <tr> <td>50</td> <td>Requires considerable assistance and frequent medical care</td> </tr> <tr> <td>40</td> <td>In bed more than 50% of the time</td> </tr> <tr> <td>30</td> <td>Almost completely bedfast</td> </tr> <tr> <td>20</td> <td>Totally bedfast & requiring nursing care by professionals and/or family</td> </tr> <tr> <td>10</td> <td>Comatose or barely arousable</td> </tr> <tr> <td>0</td> <td>Dead</td> </tr> </table>	100	Normal, no complaints or evidence of disease	90	Able to carry on normal activity, minor signs or activity	80	Normal activity with effort, some signs or symptoms of disease	70	Care for self, unable to carry on normal activity or to do active work	60	Occasional assistance but is able to care for most of his needs	50	Requires considerable assistance and frequent medical care	40	In bed more than 50% of the time	30	Almost completely bedfast	20	Totally bedfast & requiring nursing care by professionals and/or family	10	Comatose or barely arousable	0	Dead
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<p><u>MODEL OF CARE AT PHASE END:</u> (the type of care provided at the end of this phase of care)</p> <ol style="list-style-type: none"> Direct Care Share care with another service provider(s) consultation/liaison with another service provider 	<p><u>SYMPTOM ASSESSMENT SCALE</u> <i>Patient rated:</i> The patient is asked to rate their experience of each symptom from 0 being none at all to 10 being worst possible.</p> <p>As part of your assessment inform the patient that you are going to ask them about the symptoms they may be experiencing or the symptoms that are causing a problem. When asking about these symptoms for the 1st time, say: I'm going to ask you about some common symptoms you may be experiencing. We would like to know how much they affect you by rating them with a number from 0-10. Can you think about how you have felt over the last 24hrs and when I ask you about your symptoms can you rate them by giving a score of 0 to indicate that you are not having a problem with that symptom, 10 to indicate you are having the worst possible problem and numbers 1 through to 9 indicate somewhere in between, just pick the number that best describes how you feel</p> <p>Where a person cannot rate the symptom, assign the number that most closely matches your clinical assessment. Alternatively you can ask a carer to rate the severity of each symptom. This is called a proxy assessment.</p> <ol style="list-style-type: none"> Insomnia Appetite problems Nausea Bowels Breathing Fatigue Pain 																						
<p><u>PROBLEM SEVERITY SCORE</u> <i>Staff rated:</i> For the following 4 items assess the severity of distress as: 0 = Absent: 1 = Mild: 2 = Moderate: 3 = Severe</p> <p>PAIN: The degree of overall pain</p> <p>OTHER SYMPTOMS: Record the degree of overall other symptoms. The following list may be used as a guide: Nausea/vomiting: Anorexia: Itch/irritation: Constipation/diarrhoea: Wound/ulcer: Incontinence: Weakness/fatigue: Oedema: Dyspnoea: Confusion/delirium:</p> <p>PSYCHOLOGICAL / SPIRITUAL: Record the score for overall degree of psychological/spiritual problems of the patient The following list may be used as a guide: Anxiety/fear: Request to die: Anger: Depression/sadness: Unrealistic goals: Confusion: Agitation:</p> <p>FAMILY / CARER: Record score for the overall degree of family/carers problems. The following list may be used as a guide: Denial: Anger: Caregiver fatigue: Sensory impairment: Unrealistic goals: Financial: family/carers conflict: Difficult communication: Non-English speaking: Legal: Family/carers anxiety: Accommodation: Cultural:</p>																							