

Delivering the Supportive and Palliative Care Improving Outcomes Guidance (IOG) across the East Midlands

Priority 2 – Holistic Assessment of Patient Supportive and Palliative Care Needs

Guidelines for the Holistic Needs Assessment for adult patients with cancer (2010)

Distress Thermometer



East Midlands Cancer Network

1. PATIENT DETAILS		INSTRUCTIONS													
Addressograph		<p>This tool is a simple method of identifying patient distress</p> <p>With the patient's verbal consent and agreement please help to complete this form and the relevant action plan (see over) then file this in their notes.</p> <p>This is not intended to replace clinical assessment and discretion but is a guide to assisting/managing psychological/psychiatric distress related to cancer.</p> <p>The NICE guidelines for supportive and palliative care in cancer recommend screening patients at; diagnosis, commencement / completion of treatment, survivorship, disease recurrence, palliative care and end of life care as a minimum.</p>													
		<p>Please indicate at what stage assessment completed</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Diagnosis</td> <td><input type="checkbox"/></td> <td>Commencement of Treatment</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Completion of Treatment</td> <td><input type="checkbox"/></td> <td>Survivorship</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Disease recurrence</td> <td><input type="checkbox"/></td> <td>Palliative and end of life</td> </tr> </table>		<input type="checkbox"/>	Diagnosis	<input type="checkbox"/>	Commencement of Treatment	<input type="checkbox"/>	Completion of Treatment	<input type="checkbox"/>	Survivorship	<input type="checkbox"/>	Disease recurrence	<input type="checkbox"/>	Palliative and end of life
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DOB __/__/__	Male/Female														

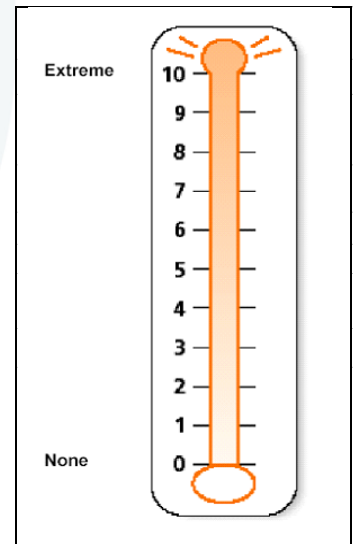
2. DISTRESS THERMOMETER

Instructions

Please ask the patient to circle the number (0-10) that best describes how much distress in general they have been experiencing over the past week

Does this represent a significant deterioration from 'normal'?

Deteriorating No Change Improving



3. CONCERNS CHECKLIST

Instructions

Please ask the patient to tick any of the following that has been a cause of distress over the past week, including today.

Also ask the patient to identify the most pressing difficulties and to rank these in order of concern (1st would be the biggest problem 4th would be their fourth biggest concern).

Practical Concerns	Personal Concerns	Emotional Concerns	Physical Concerns
<input type="checkbox"/> Family Issues	<input type="checkbox"/> Appearance	<input type="checkbox"/> Anger / Irritability	<input type="checkbox"/> Breathing
<input type="checkbox"/> Issues with Health Staff	<input type="checkbox"/> Self-care	<input type="checkbox"/> Nervousness / Anxiety	<input type="checkbox"/> Eating / Weight
<input type="checkbox"/> Finances / Bills	<input type="checkbox"/> Loss of Independence	<input type="checkbox"/> Low in Mood	<input type="checkbox"/> Toileting
<input type="checkbox"/> Lack of Information	<input type="checkbox"/> Loss of Role	<input type="checkbox"/> Worry about Cancer	<input type="checkbox"/> Fatigue / Exhaustion
<input type="checkbox"/> Problems with Medication	<input type="checkbox"/> Sexual/Intimacy Issues	<input type="checkbox"/> Odd Experience	<input type="checkbox"/> Sleep Problems
	<input type="checkbox"/> Spiritual Issues	<input type="checkbox"/> Memory / Concentration	<input type="checkbox"/> Nausea
<input type="checkbox"/> Others		<input type="checkbox"/> Self-esteem / Confidence	<input type="checkbox"/> Headaches
		<input type="checkbox"/> Fears about Dying	<input type="checkbox"/> Pain

MOST PRESSING CONCERNS

(1 st)	(2 nd)	(3 rd)	(4 th)

4. ACTION TAKEN FOR EACH CONCERN

<input type="checkbox"/> No Action	<input type="checkbox"/> No Action	<input type="checkbox"/> No Action	<input type="checkbox"/> No Action
<input type="checkbox"/> Declined Help	<input type="checkbox"/> Declined Help	<input type="checkbox"/> Declined Help	<input type="checkbox"/> Declined Help
<input type="checkbox"/> Help Given	<input type="checkbox"/> Help Given	<input type="checkbox"/> Help Given	<input type="checkbox"/> Help Given
<input type="checkbox"/> Referral	<input type="checkbox"/> Referral	<input type="checkbox"/> Referral	<input type="checkbox"/> Referral
<input type="checkbox"/> Other (state)	<input type="checkbox"/> Other (state)	<input type="checkbox"/> Other (state)	<input type="checkbox"/> Other (state)

Clinician Name	Designation	Specialty	Date
Outcome/Referred to (describe)		Please file with additional information in notes	

***Note – Practitioners using this tool must have the appropriate competencies and training in its use.**

Staff Guide to the Distress Thermometer

Each person is unique. Your Professional discretion is needed when reviewing a patient's score at each assessment stage

