INSTRUCTIONS FOR CLINICAL STAFF

About the Emotion Quick Screen
The Emotion Quick Screen is a one-page tool to help detect distress in cancer (chemotherapy settings). It is similar to the LNR Distress Quick Screen but adapted for audit in the chemotherapy suite. A related training programme (2009) is available via the UHL Distress Screen Implementation group (lead: Jo Kavanagh)

When to Apply the Screen
Please consider applying the screen to every patient during early chemotherapy visits ideally at the first patient booking. There is no recommended maximum numbers of screens you can make. Apply the screen to all individuals not only those at high risk of distress.

How to Apply the Screen
Please ask the patient to indicate on the Thermometers (page 1) their level of emotional concerns over the past week. Ask for their most pressing concerns and then decide upon the action appropriate to each concern.

How to Return the Data
Please complete and return page 2 (feedback form) after each application of the screen.

When Should Individuals Be Offered Local Help for Distress?
1. For any person with an identified need on the checklist, please discuss the therapeutic options available. Often distress is a reflection of physical and social needs that can be addressed.
2. A score of 3 or higher on any thermometer warrants further face-to-face discussion with the patient.
3. A score of 4 or more on any thermometer is a cause for concern and help should be offered.
4. Any person experience serious suicidal or psychotic ideas should be referred to Psycho-oncology (0116 225 6218)
5. Any person with persistent emotional difficulties wanting expert help can be referred at your discretion (see below).

When Should Patients be Referred to the Leicester Psycho-oncology Service?
There is no threshold for ‘automatic’ referral as clinical judgement is required. Consider referring anyone with persistent serious emotional complications who cannot be helped locally but who are willing to consider see us for expert psychiatric/psychological help.

FURTHER CONTACT DETAILS
Contact Dr Alex Mitchell, Consultant in Psycho-oncology for further help and advice
Tel. 0116 225 6218 Fax 0116 295 1951
UHL Chemotherapy Emotion Quick Screen

1. PATIENT DETAILS
   Name (or addressograph) _____________________
   Ward/Dept _____________________

2. EMOTION THERMOMETERS
   Instructions
   In the first four columns, please mark the number (0-10) that best describes how much emotional upset you have been experiencing in the past week including today. In the final column please indicate how much you need help for these concerns.

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<tr>
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<tbody>
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<td>Extreme</td>
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<td></td>
<td>Desperately</td>
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<td>10</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
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<td>7</td>
<td>6</td>
<td>5</td>
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<tr>
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<td>1</td>
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<tr>
<td>None</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tbody>
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   1st Most Pressing: _____________________
   2nd Most Pressing: _____________________
   3rd Most Pressing: _____________________

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 for the most pressing concerns.

   **Practical Concerns**
   - Family Issues
   - Issues with Health Staff
   - Finances / Bills
   - Lack of Information
   - Problems with medication
   - Others

   **Personal Concerns**
   - Appearance
   - Self-care
   - Loss of Independence
   - Loss or Role
   - Sexual/Intimacy Issues
   - Spiritual issues

   **Emotional Concerns**
   - Anger / irritability
   - Nervousness / anxiety
   - Depression / hopelessness
   - Worry about cancer
   - Odd experiences
   - Memory / concentration
   - Self-esteem / confidence

   **Physical Concerns**
   - Breathing
   - Eating / weight
   - Toileting
   - Fatigue/Exhaustion
   - Sleep problems
   - Nausea
   - Headaches
   - Pain

   (1st) Most Pressing: _____________________
   (2nd) Most Pressing: _____________________
   (3rd) Most Pressing: _____________________

4. ACTION TAKEN FOR EACH CONCERN
   - No action
   - Declined Help
   - Help Given
   - Referral
   - Other (state)

   Clinician _______________  Designation ___________  Specialty ___________  Date__________

Please file with additional information in notes & return the feedback form overleaf.
INSTRUCTIONS
We would be grateful if you can fill in this form after each application (for each patient) of the Quick Screen, so that we can evaluate its success. Please return a copy for all patients not just those with high scores. This form can be completed by any relevant clinical nurse specialist. Please return to the address below (for queries ring 0116 2256218)

PATIENT RESULTS

<table>
<thead>
<tr>
<th>Patient Age</th>
<th>M / F</th>
<th>Cancer Type (if known)</th>
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<tr>
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<table>
<thead>
<tr>
<th>Treatment intent</th>
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<tbody>
<tr>
<td>Adjuvant</td>
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<table>
<thead>
<tr>
<th>Score on the Emotion Thermometers</th>
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<tbody>
<tr>
<td>Distress</td>
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</table>

<table>
<thead>
<tr>
<th>Score on the Emotion Thermometers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help</td>
</tr>
</tbody>
</table>

What were the three most pressing concerns?  (1)_____________ (2)_____________ (3)_____________ OR None

What was your clinical impression BEFORE screening? (tick any that apply)

- Distressed
- Depressed
- Anxious
- Angry
- Unsure
- Well
- Other

What is your clinical impression now AFTER reading the screening scores above? (tick any that apply)

- Distressed
- Depressed
- Anxious
- Angry
- Unsure
- Well
- Other

Please give your clinical rating ................. of the SEVERITY of the Psychological issues and of the SEVERITY of the Physical Health issues

- (0) Not applicable
- (1) Normal (not at all ill psychologically)
- (2) Borderline mental health issue
- (3) Mildly ill
- (4) Moderately ill
- (5) Severely ill
- (6) Among the most extremely ill patients
- (1) Normal, does not appear at all ill physically
- (2) Borderline physical health issue
- (3) Mildly ill
- (4) Moderately ill
- (5) Severely ill
- (6) Among the most extremely ill patients

ACTION TAKEN FOR EACH CONERN

<table>
<thead>
<tr>
<th>Concern</th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4) N/A</th>
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<tbody>
<tr>
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<td>No action needed</td>
<td>No action needed</td>
<td>No action needed</td>
<td>There were no concerns</td>
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<td>Declined Help</td>
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<tr>
<td>Help Given</td>
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<tr>
<td>Referral</td>
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<tr>
<td>Other (state)</td>
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<td>Other (state)</td>
<td></td>
</tr>
</tbody>
</table>

Clinician Name _______________  Designation  Nursing Medical  Specialty  Chemo Onc  Haem  Radiother
Date _______________  Please file P1&2 in notes and return P3 to coordinator (for Alex Mitchell)