

## 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

**Addressograph**

## 1. PATIENT DETAILS

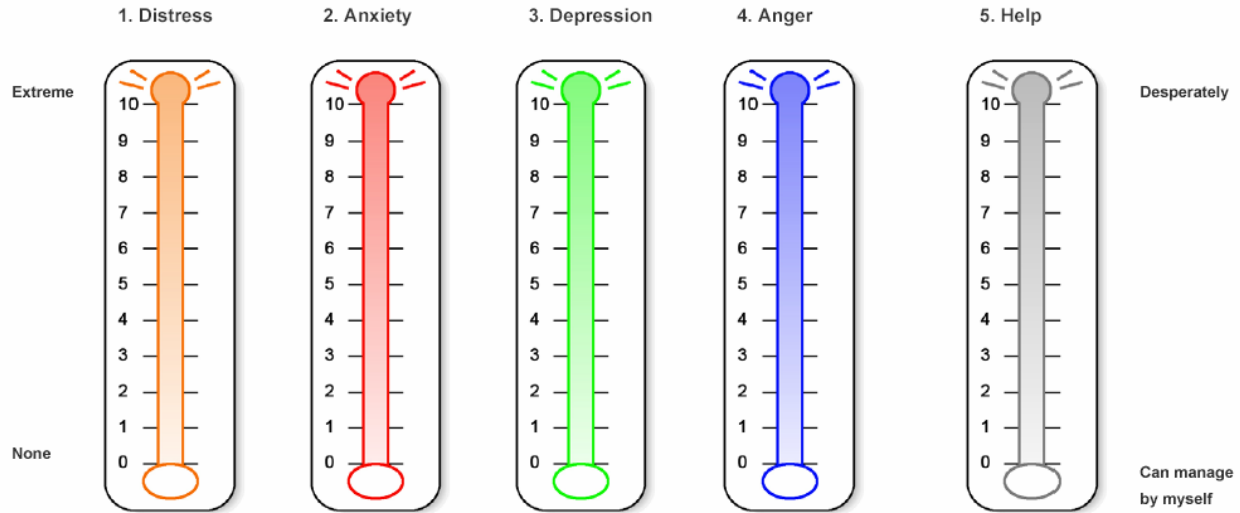
Name (or addressograph) \_\_\_\_\_

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.



## 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

(1<sup>st</sup>) Most Pressing

\_\_\_\_\_

### Emotional Concerns

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

(2<sup>nd</sup>) Most Pressing

\_\_\_\_\_

### Physical Concerns

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

(3<sup>rd</sup>) Most Pressing

\_\_\_\_\_

## 4. ACTION TAKEN FOR EACH CONCERN

- |  |  |  |
|--|--|--|
| <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"/> 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"/> Other (state) | <input type="checkbox"/> Other (state) | <input type="checkbox"/> Other (state) |

Clinician \_\_\_\_\_

Designation \_\_\_\_\_

Specialty \_\_\_\_\_

Date \_\_\_\_\_

### 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

Patient Age \_\_\_\_\_ M / F Cancer Type (if known) \_\_\_\_\_

Treatment intent Adjuvant  Neo-adj  Curative  Palliative

Score on the Emotion Thermometers Distress  Anxiety  Depression  Anger

Score on the Emotion Thermometers Help  Duration  Burden

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 <input type="checkbox"/>                          | (0) Not applicable <input type="checkbox"/>                                |
| (1) Normal (not at all ill psychologically) <input type="checkbox"/> | (1) Normal, does not appear at all ill physically <input type="checkbox"/> |
| (2) Borderline mental health issue <input type="checkbox"/>          | (2) Borderline physical health issue <input type="checkbox"/>              |
| (3) Mildly ill <input type="checkbox"/>                              | (3) Mildly ill <input type="checkbox"/>                                    |
| (4) moderately ill <input type="checkbox"/>                          | (4) moderately ill <input type="checkbox"/>                                |
| (5) Severely ill <input type="checkbox"/>                            | (5) Severely ill <input type="checkbox"/>                                  |
| (6) Among the most extremely ill patients <input type="checkbox"/>   | (6) Among the most extremely ill patients <input type="checkbox"/>         |

### ACTION TAKEN FOR EACH CONCERN

- | (1)                                       | (2)                                       | (3)                                       | (4) N/A   |
|---|---|---|---|
| <input type="checkbox"/> No action needed | <input type="checkbox"/> No action needed | <input type="checkbox"/> No action needed |   |
| <input type="checkbox"/> No action taken  | <input type="checkbox"/> No action taken  | <input type="checkbox"/> No action taken  |   |
| <input type="checkbox"/> Declined Help    | <input type="checkbox"/> Declined Help    | <input type="checkbox"/> Declined Help    | <input type="checkbox"/> There were no concerns |
| <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"/> Other (state)    | <input type="checkbox"/> Other (state)    | <input type="checkbox"/> Other (state)    |   |

Clinician Name \_\_\_\_\_ Designation Nursing Medical Specialty Chemo Onc Haem Radiother

Date \_\_\_\_\_ Please file P<sub>1&2</sub> in notes and return P<sub>3</sub> to coordinator (for Alex Mitchell)