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		This tool is a simple method of identifying patient distress					
		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. This is not intended to replace clinical assessment and discretion but is a guide to assisting/managing psychological/psychiatric distress related to cancer.					
		The NICE guidelines for supportive and palliative care in cancer recommen screening patients at; diagnosis, commencement / completion of treatmer survivorship, disease recurrence, palliative care and end of life care as a min					
			Diagnosis		Commencement of Treatment		
			Completion of Treatment		Survivorship		
DOB//	Male/Female		Disease recurrence		Palliative and end of life		

2. DISTRESS THERMOMETER

Instruction

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'?

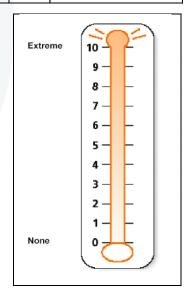
	Deteriorating		No Change		Improving
_	Deterrorating	_	rio change	_	mipro mig

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 (1^{st} would be the biggest problem 4^{th} would be their fourth biggest concern).



	Practical Concerns	Personal Concerns			Emotional Concerns		Physical Concerns		
	Family Issues		Appearance		Anger / Irritability		Breathing		
	Issues with Health Staff		Self-care		Nervousness / Anxiety		Eating / Weight		
	Finances / Bills		Loss of Independence		Low in Mood		Toileting		
	Lack of Information		Loss of Role		Worry about Cancer		Fatigue / Exhaustion		
	Problems with Medication		Sexual/Intimacy Issues		Odd Experience		Sleep Problems		
			Spiritual Issues		Memory / Concentration		Nausea		
	Others				Self-esteem / Confidence		Headaches		
					Fears about Dying		Pain		
MOS	MOST PRESSING CONCERNS								
(1 st)		(2 nd)		(3 rd)		(4 th)			

	TION TAKEN FOR EAC No Action		No Action		No Actio	n		No A	ction	
	Declined Help		Declined Help		Declined	Help		Decli	ned Help	
	Help Given		Help Given		Help Giv	en		Help	Help Given	
	1 Referral		Referral	Referral 🔲		Referral		Referral		
	Other (state)		Other (state)		Other (st	Other (state)		Other (state)		
Clinici	ian Name		Designation		Specialty			Date		
Outco	me/Referred to (describ	e)	•	-		Please file w	vith addition	onal informa	ation in notes	

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





East Midlands Cancer Network

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

STEP ONE

Completion is not compulsory, ask the patient if they would like to complete independently, or with assistance from Health Professional. If the patient declines please document on the Distress Thermometer. Please ensure the checklist is signed and dated.

FOR SCORES OF 4 OR MORE ON THE DISTRESS THERMOMETER

STEP TWO

After completion if the score is 4 or greater, ask the patient to prioritise the 4 top concerns, these should then be documented in order of concern to the patient

FOR SCORES LESS THAN 4 ON THE DISTRESS THERMOMETER

STEP TWO

Discuss with the patient their thoughts on the checklist (use clinical judgement in terms of any further referrals)

GO STRAIGHT TO STEP 6

STEP THREE

For the concerns highlighted, obtain from the patient a brief description and history to include what resources and support are currently available and identify level of help required
* Document within the Distress Thermometer Action Plan

STEP FOUR

Agree with the patient a suitable action plan and assess whether onward referral is required for Psycho-Oncology Service, Psychologist, Social Worker or other local agencies * Document within the Distress Thermometer Action Plan

STEP FIVE

Make appropriate referral following local referral guidelines / criteria * Document within the patients medical records

STEP SIX

File Distress Thermometer within patient's medical records and provide patient with a copy if requested