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)

Holistic Needs Assessment

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Appendix E – Distress Thermometer

Distress Thermometer

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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 recommend screening patients at; diagnosis, commencement / completion of treatment, survivorship, disease recurrence, palliative care and end of life care as a minimum.			
		Please indicate at what stage assessment completed			
		❑	Diagnosis	❑	Commencement of Treatment
		❑	Completion of Treatment	❑	Survivorship
DOB __/__/____	Male/Female	❑	Disease recurrence	❑	Palliative and end of life

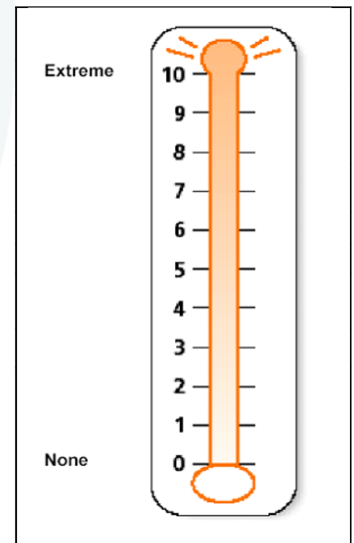
2. DISTRESS THERMOMETER

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
❑ 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
MOST PRESSING CONCERNS			
(1st)	(2nd)	(3rd)	(4th)

4. ACTION TAKEN FOR EACH CONCERN

❑ No Action	❑ No Action	❑ No Action	❑ No Action
❑ Declined Help	❑ Declined Help	❑ Declined Help	❑ Declined Help
❑ Help Given	❑ Help Given	❑ Help Given	❑ Help Given
❑ Referral	❑ Referral	❑ Referral	❑ Referral
❑ Other (state)	❑ Other (state)	❑ Other (state)	❑ 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.

Appendix E continued

Holistic Needs Assessment

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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