



Edmonton Symptom Assessment System Revised (ESAS-r) Guidelines

Purpose

The *ESAS* is a tool that was developed to assist in the initial assessment of nine symptoms that are common in palliative care patients: pain, tiredness, drowsiness, nausea, lack of appetite, depression, anxiety, shortness of breath, and wellbeing (1). There is also a blank scale for patient-specific symptoms.

The *ESAS* has been revised to improve ease of understanding and completion for patients (2). The revised version of the tool is known as the *ESAS-r*. Changes include specifying a timeframe of “now”, adding definitions for potentially confusing symptoms, modifying the order of symptoms, adding an example for “other symptom”, and altering the format for improved readability.

The *ESAS-r* is intended to capture the *patient’s perspective* on symptoms. However, in some situations it may be necessary to obtain a caregiver’s perspective. The *ESAS-r* provides a profile of symptom severity *at a point in time*. Repeated assessments may help to track changes in symptom severity over time. The *ESAS-r* is *only one part of a holistic clinical assessment*. It is not a complete symptom assessment in itself. It is strongly recommended for any symptoms scoring 5 or greater to be further assessed in depth using the [Symptom Assessment Acronym OPQRSTUV](#) assessment tool.

General Information

How to do the ESAS-r

It is recommended that the patient complete the *ESAS-r* *with guidance from a health care professional*, especially on the first occasion.

The patient should be instructed to rate the severity of each symptom on a *0 to 10 scale*, where 0 represents absence of the symptom and 10 represents the worst possible severity. The number should be circled on the scale.

The patient should be instructed to rate each symptom according to how he or she feels *now*. The health care professional may choose to ask additional questions about the severity of symptoms at other time points e.g. symptom severity at best and at worst over the past 24 hours.

Definitions have been added to items that have been found to be more problematic for patients to understand or rate (3); it is recommended to review these with the patient:

Tiredness - lack of energy
Drowsiness - feeling sleepy
Depression - feeling sad
Anxiety - feeling nervous
Wellbeing - how you feel overall

With the previous version of the *ESAS*, patients often *reversed the scale for appetite* i.e. they considered “0” as “no appetite” and “10” as “best appetite”. The scale has now been re-labeled as “lack of appetite”. Coaching patients on the correct direction of the scale is still recommended.

The *body diagram* on the reverse side of the *ESAS-r* can be used to indicate sites of pain. The circled numbers can be transcribed onto the *ESAS-r graph*.



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When to do the ESAS-r

In palliative home care, it is a good practice to complete and graph the ESAS-r during each telephone or personal contact. If symptoms are in good control, and there are no predominant psychosocial issues, then the ESAS-r can be completed weekly for patients in the home.

In hospice and tertiary palliative care units, the ESAS-r should be completed daily.

In other settings, palliative care consultants will utilize this tool upon initial assessment and at each follow-up visit.

Who should do the ESAS-r

It is preferable for the patient to provide ratings of symptom severity by himself/herself. If the patient cannot independently provide ratings of symptom severity but can still provide input (e.g. when the patient is mildly cognitively impaired), then the ESAS-r is completed with the assistance of a caregiver (a family member, friend, or health professional closely involved in the patient's care).

If the patient cannot participate in the symptom assessment at all, or refuses to do so, the ESAS-r is completed by the caregiver alone. The caregiver assesses the remaining symptoms as objectively as possible. The following are examples of objective indicators:

Pain – grimacing, guarding against painful maneuvers

Tiredness – increased amount of time spent resting

Drowsiness – decreased level of alertness

Nausea – retching or vomiting

Appetite – quantity of food intake

Shortness of breath – increased respiratory rate or effort that appears to be causing distress to the patient

Depression – tearfulness, flat affect, withdrawal from social interactions, irritability, decreased concentration and/or memory, disturbed sleep pattern

Anxiety – agitation, flushing, restlessness, sweating, increased heart rate (intermittent), shortness of breath

Wellbeing – how the patient appears overall

If it is not possible to rate a symptom, the caregiver may indicate “U” for “Unable to assess” on the ESAS-r and ESAS-r Graph.

The method of completion of the ESAS-r must be indicated in the space provided at the bottom of the ESAS-r and the ESAS-r Graph as follows:

Top of ESAS-r Numerical Scale

Completed by (*check one*):

- Patient
- Family caregiver
- Health care professional
- Caregiver-assisted

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Bottom of ESAS-r Graph

Insert letter from key in date column (date indicated at the top of form)

Completed by □□□□□□

Key:

P = Patient

F = Family caregiver

H = Health care professional

A = Caregiver-assisted

U = Unable to assess

Where to document the ESAS-r

The ESAS-r is always done on the ESAS-r numerical scale and the results later transferred to the ESAS-r Graph. Graphing symptom severity directly onto the ESAS-r Graph without the use of the numerical scale is not a valid use of the ESAS-r, nor a reliable method of symptom assessment (attention to the graphed historical trend may affect the current scores and thus undermine one of the main purposes of the ESAS-r, i.e. to assess the current symptom profile as accurately as possible). The ESAS-r can be laminated and the patient uses a wipeable felt marker to document each time, then the results are transferred to the ESAS-r graph.

Other information about the ESAS-r

The ESAS-r Graph contains space to add the patient's Folstein Mini-Mental State Examination score. The "normal" box refers to the cut-off for a normal score for the patient, based on age and education level (see Instructions for MMSE). A space for the Palliative Performance Scale (PPS) is also provided.

The ESAS-r is available in other languages, although most translations have not been validated (4).

Taking Action Using ESAS-r data

For symptoms that ESAS-r score 3 or less (considered stable), continue with usual symptom management and nursing care as per patient orders.

For symptoms that ESAS-r scores 4-6, further assessment recommended using [Symptom Assessment Acronym OPQRSTUV](#) assessment tool. May require consultation with physician and other palliative team members. Goal is to stabilize symptom to ESAS-r score 3 or less within 4 hours.

For symptoms that ESAS-r score 7 or greater, this is an unstable symptom and requires urgent attention. Further assessment recommended using [Symptom Assessment Acronym OPQRSTUV](#) assessment tool is required. Consultation with physician and other palliative team members required. Goal is to stabilize symptom to an ESAS-r score of 5 or less within 4-6 hours, and to stabilize symptom to an ESAS-r score of 3 or less within 12 hours.

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References

1. Bruera E, Kuehn N, Miller MJ, Selmser P, Macmillan K. The Edmonton Symptom Assessment System (ESAS): a simple method for the assessment of palliative care patients. *J Palliat Care* 1991; 7:6-9.
2. Watanabe S, Nekolaichuk C, Beaumont C, Mawani A. The Edmonton Symptom Assessment System: what do patients think? *Support Care Cancer* 2009; 17:675-683.
3. Watanabe SM, Nekolaichuk C, Beaumont C, Johnson L, Myers J, Strasser F. A multi-centre study comparing two numerical versions of the Edmonton Symptom Assessment System in palliative care patients. *J Pain Symptom Manage* (accepted).
4. Cancer Care Ontario: Symptom Assessment and Management Tools.
<http://www.cancercare.on.ca/cms/one.aspx?objectId=58189&contextId=1377>.

Additional relevant literature

- Bruera E, Macdonald S. Audit methods: the Edmonton symptom assessment. In: Higginson I, editor. *Clinical Audit in Palliative Care*. Oxford: Radcliffe Medical Press, 1993:61-77.
- Chang VT, Hwang SS, Feuerrman M. Validation of the Edmonton Symptom Assessment Scale. *Cancer* 2000; 88:2164-2171.
- Dudgeon DJ, Harlos M, Clinch JJ. The Edmonton Symptom Assessment Scale (ESAS) as an audit tool. *J Palliat Care* 1999 Autumn; 15:14-19.
- Moro C, Brunelli C, Miccinesi G, Fallai M, Morino P, Piazza M, Labianca R, Ripamonti C. Edmonton symptom assessment scale: Italian validation in two palliative care settings. *Support Care Cancer*. 2006; 14:30-37.
- Nekolaichuk CL, Bruera E, Spachynski K, MacEachern T, Hanson J, Maguire TO. A comparison of patients and proxy symptom assessments in advanced cancer patients. *Palliat Med* 1999; 13:311-323.
- Nekolaichuk C, Watanabe S, Beaumont C. The Edmonton Symptom Assessment System: A 15-year retrospective review of validation studies (1991-2006). *Palliat Med* 2008, 22:111-122
- Philip J, Smith WB, Craft P, Lickiss N. Concurrent validity of the modified Edmonton Symptom Assessment System with the Rotterdam Symptom Checklist and the Brief Pain Inventory. *Support Care Cancer* 1998; 6:539-541.
- Rees E, Hardy J, Ling J, Bradley K, A'Hern R. The use of the Edmonton Symptom Assessment Scale (ESAS) within a palliative care unit in the UK. *Palliat Med* 1998; 12:75-82.
- Stromgren AS, Groenvold M, Sorensen A, Andersen L. Symptom recognition in advanced cancer: a comparison of nursing records against patient self rating.