PALLIATIVE SYMPTOM ASSESSMENT AND MONITORING – ADULT
MAY 2019

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1.0 CLINICAL CARE STANDARD

1.1 Purpose

To provide a system-wide care standard that outlines the minimum expectations for conducting a comprehensive clinical assessment for persons receiving palliative care to:

- identify symptoms;
- alleviate suffering; and
- improve quality of life.

Palliative symptom assessment and ongoing monitoring requirements are based on the acuity, complexity and variability of the person's condition. The expectation is for Nurses to:

I. apply critical thinking and clinical judgment;
II. increase the frequency of assessment/monitoring as clinically indicated; and
III. inform MRP (Most Responsible Practitioner) as required.

1.2 Care Standard

Minimum expectations for conducting palliative symptom ***baseline assessment*** across all clinical care settings include:

- ESAS-r Edmonton Symptom Assessment System (revised) (821088)

  For persons who are non-verbal or cognitively impaired replace ESAS-r with:

  - Pain Assessment in Advanced Dementia (PAINAD) Scale (810310)

  For persons with renal disease replace ESAS-r with:

  - BC Renal Agency: Modified ESAS-r – Renal
- Confusion Assessment Method with PRISME (821245)
- Victoria Hospice Palliative Performance Scale (PPSv2) (811178)

For a comprehensive clinical assessment of persons with moderate to severe symptoms (see Table 1 and Appendix A) administer Symptom Assessment Acronym O to V Scale (821308)

To guide clinical decisions and ongoing assessment/monitoring frequency, follow the symptom assessment parameters in Table 1 when using the following assessment tools:

- ESAS-r Edmonton Symptom Assessment System (revised) (821088)
- BC renal agency: Modified ESAS-r – Renal
- Pain Assessment in Advanced Dementia (PAINAD) Scale (810310)

Table 1*: Symptom Assessment Parameters and Management

1 - 3 (MILD - STABLE): I. Continue with usual symptom management. II. Provide symptom burden relief using non-pharmacologic and pharmacologic approaches as per the BC Palliative Symptom Management Guidelines.
4 - 6 (MODERATE): I. Further assessment using the Symptom Assessment Acronym O-V tool is required. II. Address all symptom burden greater than 4 with non-pharmacologic and pharmacologic approaches as per the BC Palliative Symptom Management Guidelines. III. Refer to MAR for pharmacological management. IV. Consult with inter-professional health care team to optimize symptom burden relief. V. Goal is to stabilise symptom(s) to an ESAS-r score of 3 or less within 3 hours.
7 – 10 (SEVERE - UNSTABLE): I. Requires urgent attention. II. Further assessment using the Symptom Assessment O-V tool is required. III. Address all symptom burden greater than 4 with non-pharmacologic and pharmacologic approaches as per the BC Palliative Symptom Management Guidelines IV. Refer to MAR for pharmacological management V. If unable to stabilize symptoms within existing orders, consult with physician/nurse practitioner and inter-professional health care team for rapid symptom relief VI. Consult to palliative teams may be required. VII. Goal is to stabilise symptom(s) to an ESAS-r score of 5 or less within 4-6 hours, and then further stabilise to an ESAS-r score of 3 or less within 12 hours. **Table 1 adapted from the ESAS-r Guidelines*

Table 2: Assessment and Monitoring Frequency – Hospital-Based

Time Reference	Assessment, Monitoring Frequency
Day 1 **Admission to the first 24 hours**	Initial Baseline If person known to home health palliative program, review and compare reported symptom burden in Meditech
	Frequency of ongoing monitoring is based on severity of symptom (moderate to severe) (see Table 1 & Appendix A)
Day 2 – Discharge **From 24 hours to discharge**	**Once per shift** *or* **until symptom is stable** as per ESAS-r Guidelines (see Table 1 and/or Appendix A). Ensure **Follow-up assessment** to evaluate treatment effectiveness

Table 3: Assessment and Monitoring Frequency – Community Hospice Beds

Time Reference	Monitoring Frequency
Day 1 **Admission** to the first **24 hours**	**Initial (Baseline)**
	Frequency of ongoing monitoring is based on severity of symptom (moderate to severe) (see Table 1 and/or Appendix A)
Day 2 - Discharge From **24 hours** onwards	**Daily** *or* **until symptom is stable** as per ESAS-r Guidelines (see Table 1 and/or Appendix A). Ensure **Follow-up assessment** to evaluate treatment effectiveness

Table 4: Assessment and Monitoring Frequency – Long-term Care

Time Reference	Monitoring Frequency
When prognosis is determined to be within 6 months or less and with RAI 2.0 CHESS score of 4 or 5	**Initial (Baseline)**
Minimum monthly until Death OR with significant change in condition	**Frequency of ongoing monitoring is based on severity of symptom** (moderate to severe) (see Table 1 and/or Appendix A) Ensure **Follow-up assessment** to evaluate treatment effectiveness

Table 5: Assessment and Monitoring Frequency – Home Health

<table>
<tr><th>Time Reference</th><th>Assessment and Monitoring Frequency</th></tr>
<tr><td rowspan="2">Admission OR when prognosis determined to be within 6 months or less</td><td>Initial (Baseline) – Home Visit</td></tr>
<tr><td>Frequency of ongoing monitoring is based on severity of symptom (moderate to severe) (see Table 1 and/or Appendix A)
Client and family should be advised to contact home health nurse if and when any symptom(s) worsen.
For moderate and severe symptoms the frequency of subsequent visits is based on the predictability of outcome and adjustments to care plan required.
<table>
<tr><th>Mild (0-3)</th><th>Moderate (4-6)</th><th>Severe (7-10)</th></tr>
<tr><td>Home visit or Telephone visit may be appropriate based on clinical judgment</td><td>Home visit, or telephone visit followed up with a home visit within 2 - 7 days</td><td>Home visit within 24 hours of symptom worsening</td></tr>
</table>
Adapted from: Roberts et.al. (2014) Applying research into practice: A guide to determine the next palliative home care nurse visit[1]</td></tr>
<tr><td>Monthly until end of service</td><td>Home Visit if person’s symptom is stable (mild)
If Moderate to Severe (see Table 1 and/or Appendix A),
Ensure Follow-up assessment to evaluate treatment effectiveness</td></tr>
</table>

1.3 Documentation

Data collected on the ESAS-r tool must be transcribed on ESAS-r Edmonton Symptom Assessment System Graph (form 821087) which is then retained in the patient health record.

Symptom Assessment Acronym O – V Scale baseline information collected and the onset of new symptoms must be documented on the form (821308)

All other assessment information collected is documented in the patient health record as per IH Clinical Documentation Standards.

2.0 ADDITIONAL RESOURCES

Refer to the following guidelines for further direction:

- ESAS-r Edmonton Symptom Assessment System Guidelines
- BC Palliative Symptom Management Guidelines for specific guidelines for the care and management of persons experiencing symptoms.

3.0 REFERENCES

Roberts, D., McLeod, B., Stajduhar, K.I., Webber, T., Milne, K. (2014, February) Applying research into practice: A guide to determine the next palliative home care nurse visit. *Home Healthcare Nurse.* 32(2):88-95; quiz 95-7. Lippincott Williams & Wilkins. doi: 10.1097/NHH.0000000000000018.

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7.0 ENDORSED BY

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APPENDIX A:

ESAS-r Taking Action Guidelines

See the IH Clinical Care Standard for details of how frequently to monitor the ESAS-r in your clinical area. Use the following guidelines to take action to treat symptom burden:

Stable — ESAS-r Score 0 to 3

- Continue with usual symptom management.
- Provide symptom burden relief using non-pharmacologic and pharmacologic approaches as per the BC Palliative Symptom Management Guidelines.

Transitioning — ESAS-r Score 4 to 6

- Further assessment using the Symptom Assessment Acronym O-V tool is required.
- Address all symptom burden greater than 4 with non-pharmacologic and pharmacologic approaches as per the BC Palliative Symptom Management Guidelines.
- Refer to MAR for pharmacological management.
- Consult with inter-professional health care team to optimize symptom burden relief.
- Goal is to stabilise symptom(s) to an ESAS-r score of 3 or less within 3 hours.

Unstable — ESAS-r Score 7 to 10

- Requires urgent attention.
- Further assessment using the Symptom Assessment O-V tool is required.
- Address all symptom burden greater than 4 with non-pharmacologic and pharmacologic approaches as per the BC Palliative Symptom Management Guidelines
- Refer to MAR for pharmacological management
- If unable to stabilize symptoms within existing orders, consult with physicians and inter-professional health care team for rapid symptom relief
- Consult to palliative teams may be required.
- Goal is to stabilise symptom(s) to an ESAS-r score of 5 or less within 4-6 hours, and then further stabilise to an ESAS-r score of 3 or less within 12 hours.

Source: IH Edmonton Symptom Assessment Guidelines, December 2016. Adapted with permission from Alberta Covenant Health Services. Retrieved from: http://insidenet.interiorhealth.ca/Clinical/PalliativeEOL/Documents/Edmonton%20Symptom%20Assessment%20System%20ESAS-r%20guidelines.pdf