

Common Assessment Form Feb 2022

| <u>Patient Details</u> | | | |
|------------------------|-----------|--------------------|-----|
| Title | Initials | Hospice ID No. | DOB |
| Sexuality | Ethnicity | Religion | |
| Address | | Telephone Numbers: | |
| | | Home | |
| | | Mobile | |
| | | Other | |

| <u>Primary Contact Details</u> | | | |
|--------------------------------|--|--------------------|--|
| Name | | Relationship | |
| Address | | Telephone Numbers: | |
| | | Home | |
| | | Mobile | |
| | | Other | |

| <u>GP Details</u> | | <u>DN Details</u> | |
|-------------------|--|-------------------|--|
| Name: | | Name/Team | |
| Practice | | Base | |
| Telephone | | Telephone | |
| Email | | Email | |

| <u>Other Health and/or Social Care Professionals involved in patient's care</u> | | | |
|---|--|--------------|--|
| Name | | Name | |
| Profession | | Profession | |
| Organisation | | Organisation | |
| Telephone | | Telephone | |
| Email | | Email | |

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| <u>Communication</u> | | | |
|--------------------------------|---------|---|---|
| Sight ? Registered blind | Hearing | *Difficulty communicating (include any learning disabilities) Not at all/ Slightly/ Moderately/ Severely/ Overwhelmingly | Main Language – Interpreter needed? |

| <u>Permissions</u> | | |
|--------------------|---------------|---|
| Copy letters | Info exchange | ON CMC Y/N If no – Consent to create – Y/N? |

| <u>Medical Details</u> | | |
|------------------------|----------------------------|--|
| Diagnosis | History of present illness | PMH (include if any operations in past 12 months, pacemaker, or ICD) |
| Reason for referral | | |

| <u>Home Environment</u> | |
|-------------------------|----------------------|
| Access issues at home? | Risks-what are they? |

| <u>Social Circumstances</u> | |
|--|----------------------------|
| Who does the patient live with? | Family health/carer needs? |
| Care package in place? Funding for care? | Receiving benefits? |

| <u>Patient Main Problems or Concerns</u> |
|---|
| What have been your main problems or concerns over the past 7 days? |
| 1. |
| 2. |
| 3. |

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Essential First Assessment Data

| <u>Physical Wellbeing</u> | |
|---|--|
| <p>Pain Not at all/ slightly/ moderately/ severely/ overwhelmingly/ cannot assess</p> | <p>Shortness of breath Not at all/ slightly/ moderately/ severely/ overwhelmingly/ cannot assess</p> <p>Respiratory(other e.g. cough, stridor, uses inhalers/oxygen/nebulisers/NIV/CPAP)</p> |
| <p>Upper GI</p> <p>Poor appetite Not at all/ slightly/ moderately/ severely/ overwhelmingly/cannot assess</p> <p>Nausea (feeling like being sick/vomiting) Not at all/ slightly/ moderately/ severely/ overwhelmingly/cannot assess</p> <p>Vomiting (being sick) Not at all/ slightly/ moderately/ severely/ overwhelmingly/cannot assess</p> | <p>Upper GI (other)</p> <p>*Swallowing problems (e.g. chokes, inhales food or drink, holds food in mouth- please specify below) Not at all/ slightly/ moderately/ severely/ overwhelmingly/cannot assess</p> |
| <p>Bowel problems/continence</p> <p>Constipation Not at all/ slightly/ moderately/ severely/ overwhelmingly/cannot assess</p> <p>*Diarrhoea Not at all/ slightly/ moderately/ severely/ overwhelmingly/cannot assess</p> | <p>Urinary problems/continence</p> |
| <p>Poor Mobilty (Trouble walking, bedbound, falling, mobility aids, disabilities) Not at all/ slightly/ moderately/ severely/ overwhelmingly/cannot assess</p> <p>*Wandering (as a result of distress or putting person at risk) Not at all/ slightly/ moderately/ severely/ overwhelmingly/cannot assess</p> | <p>*Skin breakdown/oedema/wounds (redness, skin tearing, pressure damage) Not at all/ slightly/ moderately/ severely/ overwhelmingly/cannot assess</p> |
| <p>Functional status with PADLs/DADLs (Complete – Karnofsky below /FAST)</p> | <p>Weakness or lack of energy Not at all/ slightly/ moderately/ severely/ overwhelmingly/cannot assess</p> |

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| <u>Physical Wellbeing (continued)</u> | |
|--|--|
| <p>*Sleeping problems/pattern Not at all/ slightly/ moderately/ severely/ overwhelmingly/cannot assess</p> | <p>Drowsiness (sleepiness) Not at all/ slightly/ moderately/ severely/ overwhelmingly/cannot assess</p> |
| <p>*Hallucinations (seeing or hearing things not present) and/or delusions (fixed false beliefs) Not at all/ slightly/ moderately/ severely/ overwhelmingly/ cannot assess</p> | <p>Neurology (Cognition/memory/seizures)</p> <p>*Agitation (restless, irritable, aggressive) Not at all/ slightly/ moderately/ severely/ overwhelmingly/ cannot assess</p> |
| <p>Sore/Dry Mouth Not at all/ slightly/ moderately/ severely/ overwhelmingly/ cannot assess</p> <p>*Dental problems or problems with dentures Not at all/ slightly/ moderately/ severely/ overwhelmingly/cannot assess</p> | <p>Diet and nutrition eg feeding route, dysphgia, hydration etc</p> |

Please note – Questions with an asterisk in front of them are questions specific to IPOS-Dem (which are in addition to the other standard IPOS questions). If the patient has a diagnosis of Dementia, please record all responses on the IPOS-Dem template in the electronic patient record (EPR) and include the detail in the relevant aligned field within the patient’s EPR.

Some of the IPOS-Dem questions may be relevant for patients who do not have a diagnosis of Dementia. If so, please record responses to the standard IPOS questions on the IPOS template and the answers to any additional relevant questions in the relevant aligned field within the patient’s EPR.

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Outcome Measures/Functional Assessment Scales

Phase of Illness: Stable/Deteriorating/Unstable/Dying

Australian Modified Karnofsky Performance Status:

- 100%** Normal, no complaints, no evidence of disease
- 90%** Able to carry on normal activity, minor signs and symptoms of disease
- 80%** Normal activity with effort, some signs and symptoms of disease
- 70%** Cares for self but unable to carry on normal activity or to do active work
- 60%** Able to care for most needs, but requires occasional assistance
- 50%** Considerable assistance and frequent medical care required
- 40%** In bed more than 50% of the time
- 30%** Almost completely bedfast
- 20%** Totally bedfast and requiring extensive nursing care by professionals and/or family
- 10%** Comatose or barely arousable, unable to care for self, requires equivalent of institutional or hospital
- 0%** Dead

Dementia Staging - Functional Assessment Staging (FAST)

| | | |
|-----------|---|--|
| 1 | Normal ageing | No deficits whatsoever |
| 2 | Possible mild cognitive impairment | Subjective functional deficit |
| 3 | Mild cognitive impairment | Objective functional deficit interferes with a person's most complex tasks |
| 4 | Mild dementia | Instrumental activities of daily living affected, such as bill paying, cooking, cleaning, traveling |
| 5 | Moderate dementia | Needs help selecting proper attire |
| 6a | Moderately severe dementia | Needs help putting on clothes |
| 6b | Moderately severe dementia | Needs help bathing |
| 6c | Moderately severe dementia | Needs help toileting |
| 6d | Moderately severe dementia | Urinary incontinence |
| 6e | Moderately severe dementia | Fecal incontinence |
| 7a | Severe dementia | Speaks 5-6 words a day |
| 7b | Severe dementia | Speaks only 1 word clearly |
| 7c | Severe dementia | Can no longer walk |
| 7d | Severe dementia | Can no longer sit up |
| 7e | Severe dementia | Can no longer smile |
| 7f | Severe dementia | Can no longer hold head up |

Reisberg, B. (1988). Functional assessment staging (FAST). *Psychopharmacology Bulletin*, 24(4), 653.

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| <u>Psychological Wellbeing</u> | |
|---|---|
| <p>Have you been feeling anxious or worried about your illness or treatment? Not at all/ occasionally/ sometimes/ most of the time/ always</p> | <p>Have you/ his/her family had as much information as you wanted? Always/ Most of the time/ sometimes/ occasionally/ not at all</p> <p>Information preferences re: illness (i.e. does the patient want full and frank communication re: disease status progression etc?)</p> |
| <p>Have you/they been feeling depressed? Not at all/ occasionally/ sometimes/ most of the time/ always</p> <p>*Has s/he (have you) lost interest in things s/he (you) would normally enjoy? Not at all/ occasionally/ sometimes/ most of the time/ always</p> | <p>Resources and strengths eg how do you/are you coping?</p> |
| <p>Previous or current mental health problems?</p> | |

| <u>Spiritual Wellbeing</u> | |
|---|--|
| <p>Sources of hope/strength/comfort</p> | <p>Details of any religious or spiritual beliefs?</p> |
| <p>Have you felt at peace? Always/ Most of the time/ sometimes/ occasionally/ not at all</p> | <p>Is there something the spiritual care team could support you with?</p> |

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| <u>Social and Occupational Wellbeing</u> | |
|--|--|
| Household, family and support network detail | Relationship or intimacy concerns |
| Have any of his/her/ your family or friends been anxious or worried about you? Not at all/ occasionally/ sometimes/ most of the time/ always | Carer concerns (Offer CSNAT) |
| | Other caring responsibilities (patient or carer) |
| Have you been able to share how you are feeling with your family and friends as much as you wanted? Always/ Most of the time/ sometimes/ occasionally/ not at all | Any identified bereavement/pre bereavement risks in family? |
| Details of children/young adults in family | Any observed or disclosed safeguarding concerns |
| <p>Social and recreational activities</p> <p>*Has s/he been able to interact positively with others (e.g. staff, family, residents) Always/ Most of the time/ sometimes/ occasionally/ not at all</p> <p>*Can s/he enjoy activities appropriate for his/her level of interests and abilities Always/ Most of the time/ sometimes/ occasionally/ not at all</p> | Financial concerns/employment |
| <p>Have any practical problems resulting from your illness been addressed? (such as financial or personal – e.g. hearing aids, foot care, glasses, diet)</p> <p>Problems addressed/no problems Problems mostly addressed Problems partly addressed Problems hardly addressed Problems not addressed</p> | <p>Housing ownership/ home environment concerns which impact on symptom management or care arrangements</p> <p>Equipment needs</p> |

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| <u>Advance Care Planning</u> | | | |
|-------------------------------------|-----------------------------|----------------------|---|
| CoT | Advanced statement or ADRT? | PPC | PPD (1 st & 2 nd choices) |
| Resuscitation decision | LPA? Court of Protection? | Funeral wishes/will? | Wishes re: tissue/corneal donation? |

| <u>Medication Details</u> | |
|---|---|
| Current medication | Allergies/adverse effects |
| | Pharmacy details – deliver? Blister pack? |
| | Anticipatory injectable medications, authorisation charts and syringe pump in the home? |
| Priority actions and/or goals of care as agreed with patient: | |
| <p>Prior to end of assessment: Ensure patient/carer has a copy of Community Services booklet; understands OOH service and contact Nos (fridge magnet); inform about website, Hospice social media (Facebook, Twitter). Check no further questions.</p> | |

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RAG rating for triage, IDT, and caseload management

Red –

Phase of Illness - usually unstable
Rapid change in Karnofsky status (over days)
Prognosis of hours or days (in addition to other factors listed).
Carer concerns/family anxiety most of the time/always.
No care package in place or current care package not meeting needs.
Patient has active delirium
Uncontrolled symptoms in any domain which are not responding to current support plan OR
Uncontrolled symptoms with no plan in place.
Practical problems – hardly addressed or not addressed
Not known to District Nursing services/ other relevant primary care teams and or District Nursing Services/primary care teams unable to manage without specialist palliative care support.

Amber -

Phase of illness usually deteriorating or dying.
Gradual but steady decline in Karnofsky status (over weeks)
Prognosis of weeks – months
Carer concerns/family anxiety sometimes (according to IPOS)
Current care package needs regular review to ensure it is meeting needs.
Patient has a history of recurrent delirium
Uncontrolled symptoms but improving with current plan in place
Practical problems partly addressed
Not known to community nursing services or not receiving regular monitoring from them or other primary care services.

Green –

Phase of illness usually stable
Slow decline in Karnofsky status (over months)
Prognosis of months
No or very few carer concerns/family anxiety
Symptoms controlled with current plan
Informal carer within the home and managing care OR has established care package which is meeting needs.
No practical problems – or problems addressed
Regular monitoring via community nursing services or other primary care services.