

Symptom Management Form

Brief description

Palliative care focuses on quality active symptom management and yet our focus has been on pain management. What about the other symptoms?

Purpose of best practice

As a professional nurse I have for years been thinking of a way to give equal attention to other symptoms beyond pain and to find an easy way of auditing symptom management in line with the clinical guidelines. This form is a one stop fits all symptoms.

Challenges which emerged

As there was already a pain symptom management form, introducing a form to include other symptoms has not been an extra challenge. However, training and dealing with change is always time consuming and includes listening, adapting, motivation and piloting.

Method used

- A combination of qualitative and quantitative recording of interventions
- A focus on visual symptom management scales and symbolism to embrace language and cultural differences
- Keeping record keeping to the minimum
- Keeping the form simple and easy to understand
- Building on current admission form and clinical practice

The patients experience of the symptom is documented on a scale of happy (no concern), unhappy (symptom present, but manageable), sad (symptom not uncontrolled) 😊 😞 😢 faces. The unhappy faces and sad faces are recorded on the Interdisciplinary Care Plan (ITD) and managed accordingly. The sad faces intervention plans are also recorded on the symptom management form. Pain is recorded on both forms but other symptoms are only recorded on the second page.

The impact made by the best practice

- It has expanded quality symptom management to include a variety of symptoms
- It has facilitated clinical audits as the information is readily available
- It has facilitated reporting and holistic management of symptoms
- It has ensured that the clinical guidelines are used to direct interventions

The way forward

- Regular clinical audits to monitor interventions and ensure standardization within clinical practice
- Review of the effectiveness of the form

Conclusion

As a palliative care nursing manager it is always a challenge to ensure and monitor that the key nursing function in palliative care, namely quality active symptom management, is

addressed in a professional manner in line with the HPCA clinical guidelines. This form serves as an important way to monitor and evaluate quality active symptom management.

First or admission assessment:

All unhappy and sad faces, or other concerns identified, are recorded on the IDT Care Plan

DRAKENSTEIN PALLIATIVE HO SPICE FIRST VISIT ADMISSION SHEET	
<u>NAME</u>	<u>DATE OF BIRTH</u> M/F AGE:
<u>ADDRESS</u>	<u>DATE OF ADMISSION</u>
<u>TELEPHONE NO'S</u>	<u>DIAGNOSIS</u>
<u>I.D. NO.</u>	<u>LANGUAGE</u>
	<u>RELIGION</u>
	<u>MED AID / FOLDER NO</u>
<u>PATIENT CARER</u>	<u>RELATIONSHIP</u>
Anxiety	Depression
Mood	
PHYSICAL ASSESSMENT AND HISTORY	
B.P.:	Pulse:
Resp:	Hb:
Hct:	Urine:
Weight:	
Head	Neck
Chest	Abdomen
Back	
Arms	Hands
Legs	Feet
Buttocks	
TB: <input type="checkbox"/> Yes <input type="checkbox"/> No TB Risk?	
<u>HIGH RISK:</u> No/ Yes <u>Describe:</u>	
<u>ALLERGIES:</u>	
GENOGRAM	
Grand-parents Parents Children	
Man <input type="checkbox"/> <input checked="" type="checkbox"/> died	Separated <input type="checkbox"/>
Stillborn <input type="checkbox"/>	Adopted <input type="checkbox"/>
Living together <input type="checkbox"/>	
Woman <input type="checkbox"/> <input checked="" type="checkbox"/> died	Divorced <input type="checkbox"/>
Patient <input type="checkbox"/>	Twins <input type="checkbox"/>
Close relationship <input type="checkbox"/>	
Married <input type="checkbox"/>	Cohabiting <input type="checkbox"/>
Alcohol abuse <input type="checkbox"/>	Pregnancy <input type="checkbox"/>
Conflict relationship <input type="checkbox"/>	

All unhappy & sad faces are addressed on the Interdisciplinary Care Plan & sad faces also on the Symptom Management Form

Physical Condition Assessment

Pain				Appetite				Micturition				Bedsore			
Headaches				Nausea				Discharge				Skin			
Dyspnoea				Vomiting				Bleeding				Mouth			
Cough				Constipation				Infection				Weakness			
Dysphagia				Diarrhoea				Oedema				Sleep			

How do the physical symptoms affect your life?

What aspects of the illness do you manage well?

Nutritional State: | | Action Plan:

Information Need Screening

What do you understand about the illness?

The patient is the head of the treatment team and it is our policy to consult with and provide information in such a way that informed choices can be made by the patient and the family. Do you or your family need additional information around your illness or care?

Social Situation Screening

Housing/Comfort				Finances				Social Grant	YES	NO
Transport available	YES	NO	Relationships				Power of Attorney	YES	NO	

How has the illness influenced your family?

Emotional Aspects Screening

Anxiety				Depression				Mood			
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How has the illness influenced your life?

Spiritual Screening considering Cultural & Gender Aspects

Which cultural / gender practices / beliefs may influence your care?

How may these spiritual / cultural or gender aspects impact on your care?

How can we be respectful of these practices or beliefs?

How would you describe your relationship with your God?

Who supports the relationship with your God?

What adds to the quality of your life?

How could Hospice assist with improving the quality of your life?

Contentment				Aware				Intervention requested	YES	NO
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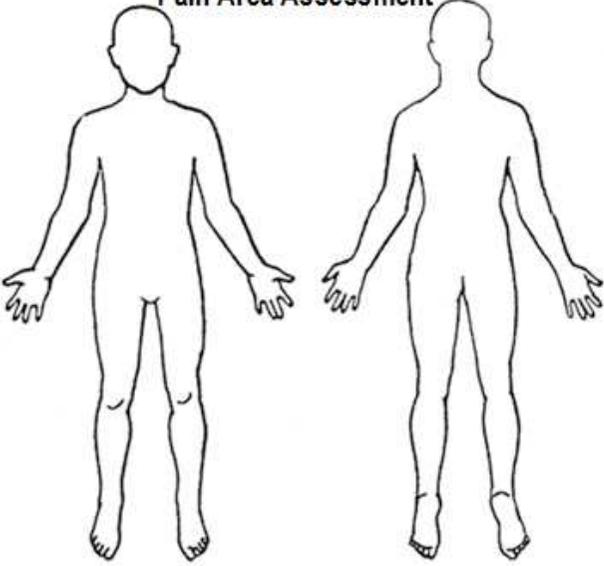
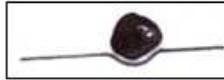
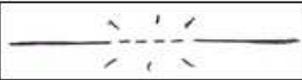
Action Plan:

Equipment on Loan:

Completed by: Signature: Designation: Date:

All sad faces are recorded on the IDT Care Plan and the Symptom Management Form

Drakenstein Palliative Hospice Pain Assessment

Pain Area Assessment						Pain Form Instructions		Current Pain Summary													
						<ol style="list-style-type: none"> 1. Ask patient to indicate where the pain (s) is on the body image 2. Fill in the body image and number different pains 3. Assess types of pain and number as on body image 4. Circle Type and Cause of pain 5. Circle current pain medication 6. Fill in pain summary & current treatment 		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%;">Type</th> <th style="width: 60%;">Treatment</th> </tr> </thead> <tbody> <tr> <td>Pain 1</td> <td></td> <td></td> </tr> <tr> <td>Pain 2</td> <td></td> <td></td> </tr> <tr> <td>Pain 3</td> <td></td> <td></td> </tr> </tbody> </table>			Type	Treatment	Pain 1			Pain 2			Pain 3		
	Type	Treatment																			
Pain 1																					
Pain 2																					
Pain 3																					
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>Step 1</p> <p>Non Opioids</p> <p>+/- adjuvant</p> </div> <div style="text-align: center;"> <p>Step 2</p> <p>Weak Opioids</p> <p>+/- non-opioid</p> </div> <div style="text-align: center;"> <p>Step 3</p> <p>Strong Opioids</p> <p>+/- non-opioid</p> </div> </div>						<p>Non Opioids</p> <p>Paracetamol</p> <p>Other</p> <p>Weak Opioids</p> <p>Tramadol</p> <p>Other</p> <p>Strong Opioids</p> <p>Morphine</p> <p>Phentanyl</p>		<p>Adjuvants</p> <ul style="list-style-type: none"> • Antidepressants • Anticonvulsants • Antispasmodics • Muscle relaxants • Anxiolytics • Corticosteroids • Antibiotics • Anti-inflammatory 													
Cramp	Burning	Stabbing	Ache	Throbbing	Sharp	Type & Cause of Pain															
						<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">  </div> <div style="width: 60%;"> <p>1. Nociceptive Pain: produced in response to a stimulus.</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 20%;">  </div> <div style="width: 20%;">  </div> <div style="width: 60%;"> <p>2. Neuropathic Pain: occurring in the absence of an external stimulus (usually as a result of damage to peripheral nerves, or even C.N.S.)</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 20%;">  </div> <div style="width: 60%;"> <p>3. Psychogenic: physical pain that is caused by a psychological problem—most pains are a combination</p> </div> </div>															
<ul style="list-style-type: none"> • Bowel colic • Bladder spasm 	<ul style="list-style-type: none"> • Sympathetic hyperactivity • Sympathetic hypoactivity • Deafferentation pain 	<ul style="list-style-type: none"> • Bowel Colic • Bladder Spasm • Liver Distention • Ureteric Colic • Nerve Root Compression 	<ul style="list-style-type: none"> • Bone • Metastases • Myofacial • Skeletal Muscles • Pritoneal • Joint • Distention • Inflammation 	<ul style="list-style-type: none"> • Peritoneal • Inflammatory • Nerve compression 	<ul style="list-style-type: none"> • Peritoneal • Inflammatory • Nerve compression 																

