

Palliative Care Pathway

Symptom Check List

Patient's pain level score: 0 = none, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very Severe

1. Pain ☐☐☐☐☐☐☐☐
2. Mouth problems ☐☐☐☐☐☐☐☐
3. Able to swallow drinks/ medication ☐☐☐☐☐☐☐☐
4. Anorexia ☐☐☐☐☐☐☐☐
5. Thirst ☐☐☐☐☐☐☐☐
6. Nausea ☐☐☐☐☐☐☐☐
7. Vomiting ☐☐☐☐☐☐☐☐
8. Constipation ☐☐☐☐☐☐☐☐
9. Breathlessness ☐☐☐☐☐☐☐☐
10. Cough ☐☐☐☐☐☐☐☐
11. Respiratory tract secretions ☐☐☐☐☐☐☐☐
12. Continent: urine ☐☐☐☐☐☐☐☐
13. Continent: bowels ☐☐☐☐☐☐☐☐
14. Pressure area problem ☐☐☐☐☐☐☐☐
15. Weak ☐☐☐☐☐☐☐☐
16. Tired ☐☐☐☐☐☐☐☐
17. Bedbound ☐☐☐☐☐☐☐☐
18. Conscious ☐☐☐☐☐☐☐☐
19. Confused ☐☐☐☐☐☐☐☐
20. Agitated ☐☐☐☐☐☐☐☐
21. Distressed ☐☐☐☐☐☐☐☐

SIGNATURE

Date

Name of Patient _____

Write Y, N or N/A in box except for Pain level

22. Angry ☐☐☐☐☐☐☐☐
23. Anxious/panicky ☐☐☐☐☐☐☐☐
24. "Do you find yourself feeling sad?" (If Yes see 25.) ☐☐☐☐☐☐☐☐
25. "Almost all of the time?" (If Yes, see 26) ☐☐☐☐☐☐☐☐
26. "Even when something nice happens that would normally cheer you up?" If Yes, continue with Assessment Guidelines re. Depression ☐☐☐☐☐☐☐☐
27. Other _____ ☐☐☐☐☐☐☐☐
28. Is medication effective? ☐☐☐☐☐☐☐☐
29. Can patient manage to take medication? ☐☐☐☐☐☐☐☐
30. Is all medication necessary at this stage? ☐☐☐☐☐☐☐☐
31. Do you need to order injectables? ☐☐☐☐☐☐☐☐
32. Does pt want more information re. illness or treatment? ☐☐☐☐☐☐☐☐
33. Does patient have financial, housing, family or practical problems? ☐☐☐☐☐☐☐☐
34. Does pt have enough support? ☐☐☐☐☐☐☐☐
35. Would patient benefit from referral to Day Hospice? ☐☐☐☐☐☐☐☐
36. Would pt benefit from referral to specialist palliative care services? ☐☐☐☐☐☐☐☐
37. Would patient/family benefit from respite? ☐☐☐☐☐☐☐☐

SIGNATURE

Date