Edmonton Symptom Assessment System Guideline

Purpose

The ESAS is a tool that was developed to assist in the 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

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.

How to Use the ESAS-r tool

- **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 ea. symptom according to how he/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 are included on the tool for* items that have been found to be more problematic for patients to understand or rate (2); 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

Complete Bottom of ESAS-r Numerical Scale

Completed by *(check one):*

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

- Optional Use for MOQC Project: *A body diagram* on the reverse side of the ESAS-r can be used to indicate sites of pain but not required for MOQC Project.

- Optional Use for MOQC Project:The circled numbers completed by the patient can be transcribed onto the ESAS-r graph for each patient. Use of the graph is optional.

When to Use the ESAS-r

- Use the ESAS-r in the designated target population upon initial assessment and at each follow-up visit with a provider. It is not required for the MOQC Project to use at non- provider visits (e.g. infusion or RN only visits).

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Non-patient Completion of the ESAS-r

- It is preferable for the patient to provide ratings of symptom severity by himself or 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).
- OPTIONAL MOQC Project: 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 effect 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 you are using).

Where to Document the ESAS-r ratings

- ***The patient or designee always documents on the ESAS-r numerical scale.***

  ESAS-r Graph: If using the graph, ratings should be 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, i.e. to assess the current symptom profile as accurately as possible).

MOQC Project Option: Use of the graph is not required for this project given the current transitions to EMR's for many participants. Documentation of ratings by exception reporting in the medical record without use of the graph (e.g. ESAS remarkable for: Pain 4/10; SOB 6/10); imaging of ESAS-r tool are some of the options.

Future Options Available For Use With the ESAS-r

- The ESAS-r Graph has space to add the patient's Folstein Mini-Mental State Examination score.
- A space for the Palliative Performance Scale (PPS) is also an option.
- The ESAS-r is available in other languages, although most translations have not been validated (3).

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References

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2. 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).
3. Cancer Care Ontario: Symptom Assessment and Management Tools. http://www.cancercare.on.ca/cms/one.aspx?objectId=58189&contextId=1377.

Additional Relevant Literature

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MOQC
MICHIGAN ONCOLOGY QUALITY CONSORTIUM

Guidance for Oral Chemotherapy Adherence Tool

Thinking about that medication, please rate your ability to take it as prescribed over the past 4 weeks

- The patient should be given the choices without the following definitions provided as it has been demonstrated that the terminology chosen leads to more accurate self-reporting of true adherence rates. The definitions below are provided to aid health care providers in quantifying patient response.

Choice	Definition
Excellent	Patient adheres to medication close to **100%** of the time
Very good	Patient adheres to medication close to **80%** of the time
Good	Patient adheres to medication close to **60%** of the time
Fair	Patient adheres to medication close to **40%** of the time
Poor	Patient adheres to medication close to **20%** of the time

- The interval of four weeks is chosen based on evidence demonstrating this period of recall-time leads to better estimations of adherence by patients**.**
- **Exploration of factors related to non-adherence is advisable when patients report adherence of very good or lower.**

We know there are many reasons why people miss their medications. In thinking again about that medication, please check all the reasons that caused you to miss it during in the past 4 weeks.

The answers provided to this question can aid the provider in identifying different factors that are associated with non-adherence

Factor	Questions	Type of Action Recommended
Availability / Accessibility	- My pharmacy did not have the medication or I could not get it - I did not have money to pay for the medicine	Involve medication access personnel to aid in obtaining medication at non-prohibitive cost to the patient
Beliefs / Understanding of regimen	- I have concerns about possible side effects from it - I have concerns about long term effects from it - I do not think I need it anymore - I do not think it is working for me	Provide education and utilize motivational interviewing techniques to engage patient in care
Forgetfulness / Difficulty managing medications	- I missed because of my busy schedule - I have problems forgetting things in my life - I have trouble managing all the medicines I take - I simply missed it - I have trouble taking it because the schedule is hard to follow	Engage in discussion regarding adherence tools available and encourage patient to choose the best tool for him/her
Medication tolerability	- I have experienced side effects from it - I have concerns about possible side effects from it - I have concerns about long term effects from it	Identify symptoms/side effects that patient is experiencing. Refer for symptom management or medication adjustment as clinically appropriate. Review knowledge of self-management tools and assess current level of self-management proficiency.

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