##### Symptom Observation Chart

MRN:

NHS No: Surname:

First Name(s):

D.O.B: / / Gender: M / F
Address:

**Symptom Observation Chart NEWS 2 Transfer process**

V1 Amended chart thanks to Brighton and Sussex University Hospital NHS Trust



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| --- |
| Date patient was recognised as dying: / /20 |

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| **Federation/Team:****……………..** | Date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Month/Year:****……… / …...** | **Time** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PAIN****(reported or observed)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| AGITATION / DISTRESS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **NAUSEA / VOMITING** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **BREATHLESSNESS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **RESPIRATORY****SECRETIONS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **OTHER****(please state)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **ARE THE PATIENT, AND THOSE IMPORTANT TO THEM, AT PEACE?\*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Bladder Problems Y/N** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Bowel Problems Y/N** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Mouth Problems Y/N** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Escalation (Y/N)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Initials** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| RED | Symptom present - does not resolve within two repeated PRN doses or interventions | Urgent doctor review of patient is required  |
| AMBER | Symptom present - requires PRN medication or intervention to resolve (i.e. catheterisation, repositioning) | If triggers for symptom score on three consecutive occasions (for any symptom), urgent doctor review of patient  |
| GREEN | Symptom absent | Care continues |

\* If there are any concerns from the patient or family member that have not been addressed this should be charted as red and documented in the notes including who has been informed and action taken

**Purpose of the ‘Symptom Observation Chart’**

**What is it?**

The chart is to help us all care for a person in the last days of life. It can be used by patients, carers, family friends and professionals to record symptoms and so guide treatment. The questions are scored using a traffic light scale: Red (severe – does not get better after 2 doses of extra medication or intervention; amber (present but not severe); green (symptom not present).

**What do I do?**

Anyone caring for a person in the last days of life can ask about or record the symptoms listed on the chart. If there are any symptoms present please follow any plans you have for helping them such as changes of position, medications or calling for help.

**What if I don’t want to?**

You don’t have to do this. At home the chart could be used as often or as little as feels necessary to help all involved in caring to be informed of symptom needs.

**Can I be trained?**

You don’t need formal training but if you have questions on the chart itself please contact the local nursing team who started the observations.

**Who do I tell about symptoms?**

If at home and a symptom is severe and/or persistent please consider making contact with one of the care teams below who have seen you most recently or you think would be most helpful. These teams (GP, District nurses and hospice specialist teams) have different roles and ability to respond but if they cannot help they should advise you and signpost you to services which would be helpful.

**Useful contacts:**

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| **SERVICE** | **CONTACT NUMBER****(please write in)** | **ADDITIONAL SUPPORT** |
| General Practitioner |  | Your GP may offer extended hours if a review of symptoms is needed |
| District Nursing |  | Nursing staff can come to assess symptoms, offer advice and give medication as part of a last days of life plan |
| Hospice Advice Line (all 24/7) | St Margaret’s Somerset: 08450 708910Dorothy House:Weston: | Even if they are not involved, your local hospice may be able to offer advice and help with what to do next |
| Out of Hours GP | 111 | Out of office hours the 111 service may be able to help, they will triage your call and respond as quickly as possible, please inform them that you are calling on behalf of someone who is receiving end of life care |
| South West Ambulance Service | 999 | It is rare for an ambulance to be needed but if you think the situation demands a urgent response which could not possibly be helped by the services above they will accept your call  |

