

## DELIRIUM

An acute, fluctuating disturbance in attention, awareness, and cognition that often reflects an underlying medical, psychological, or pharmacological cause.

- **Clinician assessed – delirium present** (yes/no)

## ESAS-PCOC

(Edmonton Symptom Assessment System – PCOC) Patient-rated severity of symptoms and problems in the last 24 hours (0 = Absent/ best; 10 worst possible)

- **Pain**
- **Tiredness** (*lack of energy*)
- **Drowsiness** (*feeling sleepy*)
- **Nausea**
- **Appetite**
- **Shortness of breath**
- **Constipation**
- **Sleep**
- **Depression** (*feeling sad*)
- **Anxiety** (*feeling nervous*)
- **Wellbeing** (*How you feel overall*)
- **Other Symptom**

## PCPSS (Problem Severity Score)

Clinician rated screening for severity of

- **Pain**
  - **Other Symptoms**
  - **Psychological / Spiritual**
  - **Family / Carer**
- |                   |
|-------------------|
| <b>0</b> absent   |
| <b>1</b> mild     |
| <b>2</b> moderate |
| <b>3</b> severe   |

## RUG-ADL

(Resource Utilisation Group - Activities of Daily Living) Measures functional dependence scored from 4 to 18

### For Bed Mobility

#### Toileting & Transfers

- |  |
|--|
| <b>1</b> Independent or supervision only                         |
| <b>3</b> Limited physical assistance                             |
| <b>4</b> Other than two persons physical Assist (1 person & aid) |
| <b>5</b> Two or more persons physical assist                     |

#### For Eating

- |  |
|--|
| <b>1</b> Independent or supervision only                 |
| <b>2</b> Limited assistance                              |
| <b>3</b> Extensive assistance/total dependence/ tube fed |

## PHASE

A classification of four clinically meaningful periods in an individual's care trajectory

**1 Stable:** Adequate symptom and problem control. No change in care plan required.

**2 Unstable:** Urgent change in care plan or emergency treatment required to address severe needs.

**3 Deteriorating:** Non-urgent change in care plan required to address increasing needs

**4 Terminal** Death likely in matter of days. Adjust care plan to address end of life needs

- Phases consider the needs of patient, family and carer
- Phases may not be sequential in the above order

## AKPS

(Australia-modified Karnofsky Performance Status)  
Measures the individual's ability relating to work, activity and self-care

- 100** Normal; no complaints; no evidence of disease
- 90** Able to carry on normal activity; minor signs or symptoms of disease
- 80** Normal activity with effort; some signs or symptoms of disease
- 70** Cares for self; 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 rousable

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