

## section 2.1.3: relevant assessment tools

### 1. Australian Modified Karnofsky Performance scale

A functional status assessment tool, modified from the original scale developed by Karnofsky and Burchenal <sup>1</sup> and validated for use in a palliative population<sup>2</sup>

<b>Modified Karnofsky (AKPS)</b>	
100	Normal; no complaints; no evidence of disease
90	Able to carry on normal activity; minor signs or symptoms
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	Requires occasional assistance but is able to care for most of his/her needs
50	Requires considerable assistance and frequent medical care
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
0	Dead

### 2. Pain assessment in people with cognitive impairment

Pain assessment in this setting presents clinicians with particular challenges and they may well need to rely on those people who know or work closely with the patient as they may be the best advisors on when discomfort is expressed – this may be the patient’s family. A tool developed specifically for this purpose is the Abbey Pain Scale.

#### The Abbey Pain Scale<sup>3</sup>

A 1-minute numerical indicator of pain status developed for people with end-stage dementia and limited verbalization in residential aged care facilities – this tool uses a monitoring and rating of non-verbal signs and physical changes to give an overall score that may indicate pain. These signs include:

- **Vocalisation** – whimpering, groaning, crying, repetition of phrases, calling out
- **Facial expression** – looking tense, frowning, grimacing, looking frightened
- **Change in body language** – fidgeting, rocking, guarding part of body, rubbing self, withdrawn, foetal position
- **Behavioural change** – increased confusion, refusing to eat, alteration in usual patterns
- **Physiological change** – temperature, pulse or blood pressure outside normal limits; perspiring, flushing or pallor (need to exclude an infection process)
- **Physical changes** – skin tears, pressure areas, arthritis, contractures, previous injuries

The Abbey Pain Scale can be downloaded from [www.apsoc.org.au](http://www.apsoc.org.au)

### 3. Pain Scale: Verbal Descriptor Scale (VDS)

This instrument was developed to assess pain in cancer patients and its reliability has been supported.<sup>4</sup> Patients rate their pain on a 6-point scale ranging from no pain to mild, discomforting, distressing, horrible, or excruciating pain.

### 4. Problem Severity Scale<sup>5</sup>

This scale provides an indication of the patient's level of dependency.

### 5. Edmonton Assessment Scale

A tool designed to assist in the assessment of common symptoms experienced by cancer patients – the severity of each symptom is measured and given a 0-10 rating by the patient. This provides a clinical profile which can be measured over time and allows communication of trends in symptom control. Can be accessed from the CareSearch website [www.caresearch.com.au](http://www.caresearch.com.au).

### 6. Palliative Care Stages of Illness Dataset<sup>6</sup>

See section 1.4 – *Phases of care*.

### 7. Resource Utilisation Groups Activities Of Daily Living Scale (RUG-ADL)<sup>7</sup>

Functional dependence as measured by RUG-ADL (Resource Utilisation Groups - Activities of Daily Living), which provides an indication of the person's level of dependence on others for the regular activities of life.

## related resources and information:

**CareSearch** is a website that provides palliative care information, access to evidence-based literature and research resources for clinicians, researchers and educators- see section within the site marked "service issues- audit tools". See [www.caresearch.com.au](http://www.caresearch.com.au)

### Guidelines for a Palliative Approach in Residential Aged Care<sup>8</sup>

Patient assessment tools in **Therapeutic Guidelines – Palliative Care**, Appendix 3.

## references

<sup>1</sup> Karnofsky DA. & Burchenal JH. (1949) The clinical evaluation of Chemotherapeutic agents in cancer, In McLeod CM. (Ed) Evaluation of Chemotherapeutic Agents. Columbia: University Press.

<sup>2</sup> Abernathy A, Shelby-James T, Fazekas B, Woods D, Currow D (2005) *BMC Palliative care* Nov, 4:7.see [www.biomedcentral.com/](http://www.biomedcentral.com/)

<sup>3</sup> Abbey, J., Piller, N., De Bellis, A., et al. (2004). The Abbey Pain Scale: A 1-minute numerical indicator for people with end-stage dementia. *International Journal of Palliative Nursing*, 10, 6–13.

<sup>4</sup> Grossman, S.A., Sheidler, V.R., McGuire, D.B., et al. (1992) A comparison of the Hopkins Pain Rating Instrument with standard visual analogue and verbal descriptor scales in patients with cancer pain. *Journal of Pain & Symptom Management*, 7, 196–203.

<sup>5</sup> Smith M, Firms P. Palliative Care Casemix Classification - testing a model in a variety of palliative care settings - preliminary results. Proceedings of the Sixth Australian Casemix Conference; 1994 Aug 29-31; Hobart. Canberra: Commonwealth Department of Human Services and Health.

<sup>6</sup> Eagar K., Cranny C & Fildes D. (2004) Evaluation and palliative care: a guide to the evaluation of palliative care services and programs. Wollongong: Centre for Health Service Development, University of Wollongong.

<sup>7</sup> Fries BE, Cooney LM. Resource Utilisation Groups: a patient classification system for long term care. *Med Care* 1985; 23: 110-132.

<sup>8</sup> Australian Government Department of Health and Ageing (2004) Guidelines for a Palliative Approach in Residential Aged Care, Canberra.