

Approach to Symptom Assessment



A systematic approach to symptom assessment, includes the impact on function and quality of life

The O,P,Q,R,S,T,U,V Symptom Assessment Acronym is an excellent tool modified by the Fraser Health Authority Hospice Palliative Care Program, a version presented below adapted from the B.C. Inter-Professional Palliative Symptom Management Guidelines.

Of note, not all letters will be applicable to each patient. In addition to the history, perform a physical assessment relevant to the particular symptom. For medical emergencies, perform rapid assessment and cause-specific management.

Onset

When did it begin? How long does it last? How often does it occur?

Provoking/Palliating

What brings it on? What makes it better? What makes it worse?

Quality

What does it feel like? Can you describe it?

Radiation/Region

Where is it? Does it spread anywhere?

Severity

- How severe is this symptom?
- What would you rate it on a scale of 0-10 (0 being none and 10 being the worst possible)? Right now? At worst? On average?
- How bothered are you by this symptom?
- Are there any other symptom(s) that accompany this symptom?

Treatment

- What medications and treatments are you currently using?
- Are you using any non-prescription treatments, herbal remedies, or traditional healing practices? How effective are these?
- If on medication, get an idea of the specifics around the response to medication (score pre-medication, score 1-4 hours after medication, timing when the symptom starts to increase after medication taken).

Understanding/Impact

What do you believe is causing this symptom? How is this symptom affecting you and/or your family? What is most concerning to you?

Values

- Are you having to make compromises such as decreasing activities or putting up with side effects to deal with this symptom?
- What overall goals do we need to keep in mind as we manage this symptom?
- What is your acceptable level for this symptom that would allow you to live a good quality of life – your “personal symptom goal” (On a numerical rating scale of 0 to 10 with 0 being none and 10 being worst possible, using the ESAS-r or other scales)?
- Are there any other beliefs, views or feelings about this symptom that are important to you or your family?

Consider the differential diagnosis

Is the symptom related to cirrhosis? Are there any modifiable factors that are treatable? Modify what is modifiable if this is in keeping with the patient's goals of care (GoC). If the symptom isn't responding to therapy as expected, come back to your differential diagnosis and/or reconsider the patient's GoC.

Helpful Links:

- [BC. Inter-Professional Palliative Symptom Management Guidelines](#)
- [Anxiety: CCAB link](#)
- [Anorexia: CCAB link](#)
- [Breathlessness: CCAB link](#)
- [Constipation: CCAB link](#)
- [Delirium: CCAB link](#)
- [Depression: CCAB link](#)
- [Nausea: CCAB link](#)
- [Muscle cramps: CCAB link](#)
- [Pain: CCAB link](#)
- [Pruritis: CCAB link](#)
- [Sleep Disturbances: CCAB link](#)