

ESAS-r - Frequently Asked Questions (FAQ)

1. Should there be a set time to do the ESAS-r (AM/PM)? Should there be a set frequency for completing the ESAS-r (daily/weekly)?

Each site should decide what time of day is best to administer the ESAS-r. Factors that need to be considered include the following: frequency of clinic appointments, time of day of patients' arrival, patient's cognition and stamina/energy level throughout the day. The frequency with which the ESAS-r should be completed depends on what type of site is administering it.

Please refer to Health PEI Palliative Pain and Symptom Assessment (ESAS-r) Policy Document, Appendix A - Site Specific Procedure.

2. What are some of the benefits associated with using the ESAS-r?

There are many benefits associated with using the ESAS-r:

- Health care professionals may view the trends of symptoms over time.
- Health care professionals can obtain a number that reflects how a patient is feeling at the time of the assessment and determine how to best help the patient.
- The standardized use of the ESAS-r creates consistency among staff members.
- The ESAS-r is brief and easy to use.
- The ESAS-r engages patients in their overall care.
- The routine use of a symptom assessment tool helps staff care for their patients and their patients benefit from its use.

3. What are some of the challenges associated with using the ESAS-r?

There are some challenges associated with using the ESAS-r:

- Some patients are reluctant or are unable to give a specific numerical rating. Encouragement and guidance should be provided by healthcare provider.
- There are translation or language issues. Other translations of the ESAS-r are available on the Cancer Care Ontario website at www.cancercareontario.ca

4. What kind of training would be best for your site?

There are many ways that staff may learn about the ESAS-r. Some approaches suggested by the Provincial Palliative Care Team include: - Group sessions - One on one sessions - Webinars - Shadowing staff who are skilled in using the tool

Utilizing the various ESAS-r resources available to all staff on Health PEI Staff Resource Centre;

5. Who should be completing the ESAS-r?

Ideally, the patient should fill out the ESAS-r on his/her own to reflect his/her experience. When the patient is unable to complete the tool independently or provide input, a health care professional or partner in care may score the ESAS-r, but it should be noted on the form, who completed the form.

6. What other information of interest could be added to the assessment?

Additional information of interest could include: - noting if rating is before or after an intervention - noting the best rating and worst rating in the past 24 hours - noting if the symptom only occurs with certain triggers.

7. Which staff member should be in charge of administering the ESAS-r?

This question is site specific. The ESAS-r can be completed by any health care provider, and may differ dependent on specific site within Health PEI.

8. How can health care professionals get the most meaningful rating when patients are not able to fill out the ESAS-r on their own (caregivers such as family members or health care professional's rate for the patient)?

Family and health care professionals can each complete the ESAS-r and their corresponding answers can be compared.

9. What do you do when a patient provides more than one score for a single symptom on the ESAS-r?

If a patient gives more than one score while rating a symptom, then try to get clarification first. If the patient is still not able to provide a single number, the general rule is to take the score that is the worst. That score can then be recorded and compared over time.

10. What can you do when a patient is unable to give a numerical rating on the ESAS-r?

Explain to the patient that it is very important that you get a numerical rating. This information is used to compare the trend of the numbers over a period of time. This can help with symptom interventions that ensure patients receive optimal care. It is a good idea to ask them if they need any clarification of the symptoms so that they can give a numerical rating. You may also ask them how a rating from the day in question would compare to an earlier day for which the patients actually gave a rating.

11. What rating should we record when a patient and family member disagree on a score given on the ESAS-r?

The patient and family member may disagree on a symptom rating. They may decide to discuss it and come to an answer together that they can report to you. If this is not possible, then the rating should always be taken from the **patient** and not the family member.

12. How can I ask about sensitive symptoms (depression, anxiety, and wellbeing)?

It is best to ask the more sensitive questions later on in an interview so a patient does not close off the conversation. All the psychosocial symptoms have been grouped together at the end of the tool to assist with this.

13. How can I explain the importance of doing the ESAS-r to patients?

It is important to explain the significance of repeatedly completing the ESAS-r to patients. The main reason is that the tracking of symptoms provides a readily accessible visual representation of the patient's symptom profile over time. We endeavor to provide the best patient care in timely manner by capturing symptoms as they arise and avoiding a symptom crisis.

14. For what disease populations can the ESAS-r be used?

Originally, the ESAS was developed to capture symptoms in advanced cancer patients. Over time, its use has expanded to patients earlier in the cancer trajectory and with non-cancer diagnoses, such as nephrology], chronic obstructive pulmonary disease, hepatology, heart failure, dementia and Parkinson’s disease.

15. Are there copyright issues with using the ESAS-r?

ESAS-r is in the public domain and freely available for use with appropriate acknowledgement of its source.

16. Where can all the translations of the ESAS-r be found?

Other translations of the ESAS-r are available on the Cancer Care Ontario website. The languages included are:

Albanian	Italian
Algonquin	Japanese
Arabic	Korean
Armenian	Oji Cree
Burmese	Polish
Chinese	Portuguese
Cree	Punjabi
English	Russian
Estonian	Serbo/Croatian
Farsi	Somali
Finnish	Spanish
French	Tagalog
German	Tamil
Greek	Turkish
Hindi	Ukrainain
Hungarian	Urdu
Inuktitut	Vietnamese

<https://www.cancercareontario.ca/en/guidelines-advice/symptom-side-effect-management/symptom-assessment-tool>

17. How do we indicate who completed the ESAS-r?

The ESAS-r may be completed by any of the following individuals, depending on the patient's ability to independently provide self-reported symptoms:

- Patient
- Family/Caregiver
- Health Care Professional/Caregiver
- Caregiver Assisted

Please tick the appropriate box at the bottom of the ESAS-r form.