

Participant ID

Initials of person entering data

Staff email

CONFIDENTIAL CASE REPORT FORM
Management of Noisy Respiratory Secretions
Nursing Interventions
Series 22

Palliative Care Clinical Studies Collaborative (PaCCSC)

RAPID Pharmacovigilance in Palliative Care

The case report form (CRF) is to be completed in compliance with
PaCCSC Standard Operating Procedures (SOP)

To - Baseline

Demographics

Gender Male
 Female

Age (yrs)

Primary life limiting illness

- Advanced cancer – please specify type of cancer: _____
- End stage renal failure
- Hepatic failure
- Neurodegenerative disease (e.g. MND, Parkinsons (not dementia)
- AIDS
- Cardiac failure
- Respiratory failure
- Dementia
- Other

Please specify other life limiting illness _____

Palliative Care Phase?

- Stable Unstable Deteriorating Terminal

1, Stable: The person's symptoms are adequately controlled by established management. Further interventions to maintain symptom control and quality of life have been planned.

2, Unstable Phase: The person experiences the development of a new problem or a rapid increase in the severity of existing problems, either of which requires an urgent change in management or emergency treatment.

3, Deteriorating Phase: The person experiences a gradual worsening of existing symptoms or the development of new but expected problems. These require the application of specific plans of care and regular review but not urgent or emergency treatment.

4, Terminal Care Phase: Death is likely in a matter of days and no acute intervention is planned or required.

Charlson Comorbidity Index

- Myocardial infarction
- Congestive cardiac failure
- Peripheral vascular disease
- Cerebrovascular disease
- Dementia
- Chronic pulmonary disease
- Connective tissue disease
- Ulcer disease
- Mild liver disease
- Diabetes Hemiplegia
- Moderate or severe renal disease
- Diabetes with end organ damage
- Any tumour
- Leukaemia
- Lymphoma
- Moderate or severe liver disease
- Metastatic solid tumour
- AIDS

Australian Modified Karnofsky Performance Scale (AKPS)

100	Normal; no complaints; no evidence of disease
90	Able to carry on normal activity; minor signs of symptoms
80	Normal activity with effort; some signs of symptoms or 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 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
	Not able to determine

To Baseline – Intervention Commencement (*just prior to repositioning or suctioning of patient*)

Date of assessment (dd/mm/yyyy)

Time of Assessment (24hr clock)

Target Symptom

Noisy respiratory secretions – (please score intensity as per the Rattle Intensity Score below)

0 **1** **2** **3**

Rattle Intensity Score (modified)

0 = Not audible

1 = Only audible near patient

2 = Clearly audible at the end of the patient’s bed in a quiet room

3 = Clearly audible at a distance of about 4m in a quiet room

Which nursing intervention was commenced:

Repositioning patient

Suctioning

Is patient on any medications - (please list below and tick the boxes that apply)

Medication	Route (e.g. sub cut, transdermal, oral)	Dose	PRN	Regular	Both	Via Syringe Driver (SD)	Time of last dose (24hr clock) (if not in SD or transdermal)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Is patient on oxygen therapy?

Yes No

What is the patient's respiratory rate? (Breaths/min)

Richmond Agitation Sedation Scale: Palliative Version (RASS-PAL)

(Please circle the appropriate score)

Score Term Description

+4	Combative	Overtly combative, violent, immediate danger to staff (e.g. throwing items) +/- attempting to get out of bed or chair
+3	Very agitated	Pulls or removes lines (e.g. IV/oxygen tubing) or catheter(s); aggressive; +/- attempting to get out of bed or chair
+2	Agitated	Frequent non-purposeful movement +/- attempting to get out of bed or chair
+1	Restless	Occasional non purposeful movement, but not aggressive or vigorous
0	Alert and calm	

-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye contact) to voice (10 seconds or longer)
-2	Light sedation	Briefly awakens with eye contact to voice (<10 seconds)
-3	Moderate sedation	Any movement (eye or body) or eye opening to voice (but no eye contact)

-4	Deep sedation	No response to voice, but any movement (eye or body) or eye opening to stimulation by light touch
-5	Not rousable	No response to voice or stimulation by light touch

Baseline Symptom/Harm Assessment.

Please score each symptom out of 10

0 = Absent or no distress 10 = Worst possible distress to patient

(as scored by nurse during assessment)

Cough <input type="checkbox"/>
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10
Dry Mouth <input type="checkbox"/>
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10
Mouth Ulceration <input type="checkbox"/>
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10
Respiratory distress <input type="checkbox"/>
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10
Excess Respiratory secretions <input type="checkbox"/>
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10

T1- Immediately after intervention (or within 15mins after the patient has been repositioned or suctioned and you can now assess if the intervention has been effective)

T1: Assessed/Not assessed reason

- Assessed today (continue)
- Died (please record date below)
- Not able to be contacted / located
- Too unwell
- Other

Date of assessment (dd/mm/yyyy)

Time of assessment (24hr time)

Date of Death (dd/mm/yyyy)

Symptom Severity Score

- Noisy respiratory secretions** (please score intensity as per the Rattle Intensity Score below)
- 0** **1** **2** **3**

Modified Rattle Intensity Score

0 = Not audible

1 = Only audible near patient

2 = Clearly audible at the end of the patients bed in a quiet room

3 = Clearly audible at a distance of about 4m in a quiet room

What is the patient's respiratory rate? (breaths/min)

Richmond Agitation Sedation Scale: Palliative Version (RASS-PAL)

(please circle the appropriate score)

Score Term Description

+4	Combative	Overtly combative, violent, immediate danger to staff (e.g. throwing items) +/- attempting to get out of bed or chair
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+1	Restless	Occasional non purposeful movement, but not aggressive or vigorous
0	Alert and calm	

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-4	Deep sedation	No response to voice, but any movement (eye or body) or eye opening to stimulation by light touch
-5	Not rousable	No response to voice or stimulation by light touch

T1 - Symptom/Harm Assessment.

Please score each symptom out of 10

0 = Absent or no distress 10 = Worst possible distress to patient

(as scored by nurse during assessment)

<p>Cough <input type="checkbox"/></p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> ungradable</p>
<p>Dry Mouth <input type="checkbox"/></p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> ungradable</p>
<p>Mouth Ulceration <input type="checkbox"/></p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> ungradable</p>
<p>Respiratory distress <input type="checkbox"/></p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> ungradable</p>
<p>Excess Respiratory secretions <input type="checkbox"/></p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> ungradable</p>

What is the intended treatment based on the T1 assessment?

- No change to intervention, continue current care
- Intervention ceased
- Intervention frequency increased (please specify) _____
- Other intervention (please specify below)
- Has a medication been added to treat a specific symptom/harm?

Yes No

Please specify medication added to treat symptom

Please specify other intervention here:

Based on the assessment at T1, did the symptom/harm resolve?

- Yes- completely resolved Yes- partially resolved No N/A

T2 - When next intervention is required (*i.e. when patients noisy secretions return and you need to reposition or suction again OR if noisy secretions have resolved after first intervention, T2 is when you next do some clinical care of the patient. E.g. 2nd hourly turning of patient to prevent pressure area or mouth care*)

T2: Assessed/Not assessed reason

- Assessed today (continue)
- Died (please record date below)
- Not able to be contacted / located
- Too unwell
- Other

Date of assessment (dd/mm/yyyy)

Time of assessment (24hr time)

Date of Death (dd/mm/yyyy)

Symptom Severity Score

Noisy respiratory secretions (please score intensity as per the Rattle Intensity Score below)

- 0** **1** **2** **3**

Modified Rattle Intensity Score

0 = Not audible

1 = Only audible near patient

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What is the patient's respiratory rate? (breaths/min)

Richmond Agitation Sedation Scale: Palliative Version (RASS-PAL)
(please circle the appropriate score)

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-5	Not rousable	No response to voice or stimulation by light touch

T2 - Symptom/Harm Assessment.

Please score each symptom out of 10

0 = Absent or no distress 10 = Worst possible distress to patient

(as scored by nurse during assessment)

<p>Cough <input type="checkbox"/></p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> ungradable</p>
<p>Dry Mouth <input type="checkbox"/></p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> ungradable</p>
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What is the intended treatment based on the T2 assessment?

- No change to intervention, continue current care
- Intervention ceased
- Intervention frequency increased (please specify) _____
- Other intervention (please specify below)
- Has a medication been added to treat a specific symptom/harm?

Yes No

Please specify if medication added to treat symptom

Please specify other intervention here:

Based on the assessment at T2, did the symptom/harm resolve?

- Yes- completely resolved Yes- partially resolved No N/A