Sri Sathya Sai Palliative Care Center - Puttaparthi

**Admission - Symptom Assessment Form (ESAS)**

Patient Name/Age/Gender: Patient ID: Diagnosis:

**ESAS**

| **Date ->** |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PPS |  |  |  |  |  |  |  |
| Score 0 to 10 0 -> Not at all 10 - Worst possible |
| Pain |  |  |  |  |  |  |  |
| Tiredness |  |  |  |  |  |  |  |
| Drowsiness |  |  |  |  |  |  |  |
| Nausea/Vomitting |  |  |  |  |  |  |  |
| Lack of Appetite |  |  |  |  |  |  |  |
| Shortness of Breath |  |  |  |  |  |  |  |
| Depression |  |  |  |  |  |  |  |
| Anxiety |  |  |  |  |  |  |  |
| Lack of Well-being |  |  |  |  |  |  |  |
| Constipation |  |  |  |  |  |  |  |
| Bleeding |  |  |  |  |  |  |  |
| Confusion |  |  |  |  |  |  |  |

**Assessment** (Mention what is relevant)

| Last Bladder Void time |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Bowel Void time |  |  |  |  |  |  |  |
| Feeding |  |  |  |  |  |  |  |
| BP |  |  |  |  |  |  |  |
| Pulse |  |  |  |  |  |  |  |
| SPO2 |  |  |  |  |  |  |  |
| RR |  |  |  |  |  |  |  |
| Temp |  |  |  |  |  |  |  |
| GRBS |  |  |  |  |  |  |  |
| Physical Ability |  |  |  |  |  |  |  |
| Self Care |  |  |  |  |  |  |  |
| Delirium Score |  |  |  |  |  |  |  |
| On Medications: |  |  |  |  |  |  |  |
| Others: (IV Canula etc) |  |  |  |  |  |  |  |

Nurse Assessed: