

## PHASE-20 – user-instructions for staff

PHASE-20 (PHarmacotherapeutical Symptom Evaluation, 20 questions) is used for systematic identification of symptoms in the older person that can be related to the medical treatment, for example side effects, interactions, and inappropriate dosage. PHASE-20 is used for persons who can participate at least partly in the assessment. If the person is not able to participate at all, **PHASE-Proxy** should be used.

### Background data

The nurse or person in charge notes:

- The patient's name and NHS number.
- The patient's height, weight, BP sitting and standing, pulse and s-creatinine.
- The patient's physical status, including known diagnosis and if the patient is mobile, chairbound, or bedbound.

### Rating of the symptoms

The symptoms asked for refers to problems the patient has experienced during the last **two weeks**. The patient participates in the completion of the document as much as possible. Health professionals who know the patient well (RN and/or carer) assist the patient.

If the patient and the health professional perceive the symptoms differently, it is the patient's perception that should be registered. The health professional's perception is registered under "comments".

In assisting with the completion, ask the questions in a way that comes naturally to you, for example: "Do you have any trouble with...?" or "Do you think you have problems with...?". Tick the box that best describes the patient's symptoms over the **last two weeks**. Please use the comments box if you want to say something specific about a certain symptom. Clarifications can be provided in the comments box, or on the back.

Where more than one symptom is mentioned, for example dizzy/unsteady/ high risk of falls, please circle the one that concerns the patient the most, or indicate that the patient is not affected by it by crossing it out.

Example:

If the patient feels very "unsteady" but not "dizzy", write dizzy/unsteady/high risk of falls.

If there are many "severe problems" it is useful to try to find out which symptom concern the patient most. If the patient experience symptoms that are not included in the rating scale, such as pain, please specify at question 20 "Other symptoms".

## **Finally**

When completing the document:

- Please tick the box that best describes how much the patient has been able to participate in the assessment, i.e., independently or with some support.
- The assessor could also add notes on the back of the form relating to any other important signs/symptoms.
- Note your name and the date of the completion of the document.

## **Reference**

Mariann Hedström, Marianne Carlsson, Anna Ekman, Ulrika Gillespie, Christina Mörk & Kerstin Hulter Åsberg (2016): Development of the PHASE-Proxy scale for rating drug-related signs and symptoms in severe cognitive impairment, *Aging & Mental Health*, DOI: 10.1080/13607863.2016.1232364.

[www.regionuppsala.se/phase-20](http://www.regionuppsala.se/phase-20).