

PHASE-Proxy

Rating scale for possible drug-related signs or symptoms

Version for use in **severe cognitive impairment**.

Name	
NHS number	
Date	
Diagnosis	
Name of health professional	

The patient has completed the document:

Independently. With support of health professional.

The patient is: Mobile. Chairbound. Bedbound.

	Height	Weight	Bloodpressure sitting	Bloodpressure standing	Pulse	S-Creatinin	Kidney function results
Parameter							
Date							

User-instructions for PHASE-Proxy

Tick the box that best describes the patient's symptoms over the last **two weeks**. Use the comments box to add more information concerning a specific symptom, for example if a symptom has recently appeared. If the symptoms vary during the day, it would be helpful if you could indicate when they are **most troublesome**. It is suggested that in order to achieve a more reliable result, it would be an advantage to ask a colleague to assist you.

Where more than one symptom is mentioned, for example itching, rash, please **circle** the one that concerns you the most, or indicate that you are not affected by it by **crossing it out**, se figure 1.

Some symptoms may seem difficult to assess. However, try to make a judgment based on your observations. The option **do not know** can be used in exceptional cases. The lining of the mouth can be assessed by inspection, check to see if the lining is red, dry, or coated.

Please state whether **seems out of breath, breaths rapidly** occur during physical activity and at rest. To assess the symptom **rash**, it is a good idea to observe this whilst carrying out care.

Figure 1:

Symptom	No	Mildly, occasionally	Severe, often	Comments	Do not know
19. Itching, rash.			X		

NHS number	
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Symptom	No	Mildly/ occasionally	Severe/ often	Comments	Do not know
1. Appears dizzy, unsteady, high risk of falls.					
2. Tired, exhausted.					
3. Poor sleep pattern.					
4. Hallucinates.					
5. Sounds or words that express discomfort, pain.					
6. Facial expressions that express discomfort, pain.					
7. Low mood, wishes to be left alone.					
8. Worried, restless, anxious.					
9. Irritable, impulsive behavior, aggressive tendencies.					
10. Stiff facial expression, body.					
11. Poor appetite.					
12. Dry lips, mouth, tongue.					
13. Appears nauseous, vomits.					
14. Diarrhoea.					
15. Constipation.					
16. Swollen legs, ankles.					
17. Seems short of breath, breaths rapidly.					
18. Frequent urination, incontinent of urine.					
19. Itching, rash.					

20. Other symptoms, which you have observed, for example appears to be in pain, indicate which:

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Mildly/occasionally. Severe/often.

NHS number	
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Additional comments:

PHASE-Proxy

PHASE-Proxy (PHArmacotherapeutical Symptom Evaluation - version for Proxy rating) is used to highlight symptoms that may be related to medical treatment in individuals who cannot do the assessment themselves and are therefore dependent on others to assess their condition. Individuals who can complete the document themselves should use PHASE-20.

Kidney function

S-Creatinine is not a reliable measure of kidney function in older people, partly due to reduced muscle mass. The kidney function could therefore be calculated alternatively.

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.

Use outside Sweden

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For more information:

[PHASE-20, Region Uppsala.se](#).

[PHASE-20 in English, Region Uppsala.se](#).