PHASE-Proxy — rating scale for possible drug-related signs/symptoms in severe cognitive impairment

Information about Phase-Proxy is on the back of this form

Patient name	NHS number	N.I. number	Date

Diagnoses

Completed by (name and relation to the patient):

The patient is: ❑ Mobile   ❑ Chairbound   ❑ Bedbound

Height:	Weight:	BP sitting: BP standing:	Pulse:	S-Creatinine:	Kidney function results:
Date:	Date:	Date:	Date:	Date:	Date:

Tick the box next to the option that best describes the patients symptoms during the last two weeks.
Circle the symptoms that are particularly dominant and cross out those that are not applicable. Please leave clarifying comments in the margin as necessary.

	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 behaviour/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

Additional comments:

User-instruction for 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 can not 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.

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*, identify the most dominant symptom by circling it, or indicate its absence by crossing it out. Example: If the symptom rash is particularly apparent and the symptom itching is absent, write ~~Itching~~/(rash)

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/or at rest. To assess the symptom rash it is a good idea to observe this whilst carrying out care.

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.

For use outside of Sweden, please contact
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