

EPICC Screening Tool

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Screening Tool Frequency and order

Screening tool & Frequency	Initial Screen	1-to-4 weeks repeat screen	At / after 30 days	At / after 60 days
ESAS-r	X	X	X	X
Canadian Problem Checklist	X		X	X
Nutrition Screening Tool	X		X	X
Advanced Care Planning	X			X

ESAS-r

Commentary: The ESAS-r is the Edmonton Symptom Assessment System, revised. It is a national standard for assessing key symptom in cancer care. Based on EPICC patient data, sleep and constipation have been added to the ESAS-r, using research-tested wording.

Please select the number that best describes how you feel NOW:												
	0	1	2	3	4	5	6	7	8	9	10	
No pain												Worst possible pain
No tiredness (tiredness = lack of energy)												Worst possible tiredness
No drowsiness (drowsiness = feeling sleepy)												Worst possible drowsiness
No nausea												Worst possible nausea
No lack of appetite (0 = full appetite, 10 = complete loss)												Worst possible lack of appetite
No shortness of breath												Worst possible shortness of breath
No depression (= feeling sad)												Worst possible depression
No anxiety (anxiety = feeling nervous)												Worst possible anxiety
Best feeling of wellbeing (wellbeing = how you feel overall)												Worst possible wellbeing
Best sleep (in last 24 hours)												Worst possible sleep
No constipation												Worst possible constipation
No _____ other problem (for example, diarrhea)												Worst possible other problem

CPC (Canadian Problem Checklist)

Commentary: Items in the CPC are adapted based on local needs and available services. Several of these items produce alerts for specific supportive cancer care services and pharmacy check-ins.

Please check all of the following items that have been of concern or a problem for you in the past week including today:		
<p>Emotional</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fears / Worries <input type="checkbox"/> Sadness <input type="checkbox"/> Frustration / Anger <input type="checkbox"/> Changes in appearance <input type="checkbox"/> Intimacy / Sexuality <input type="checkbox"/> Coping <input type="checkbox"/> Changes in a sense of self <input type="checkbox"/> Loss of interest in everyday things 	<p>Informational</p> <ul style="list-style-type: none"> <input type="checkbox"/> Understanding my illness / treatment <input type="checkbox"/> Talking with my health care team <input type="checkbox"/> Making treatment decisions <input type="checkbox"/> Knowing about available resources <input type="checkbox"/> Quitting smoking <input type="checkbox"/> Taking Medications <input type="checkbox"/> I have considered suicide <input type="checkbox"/> I want information on medical assistance in dying (MAiD) 	<p>Practical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Returning to work / school <input type="checkbox"/> Affording costs or loss of income <input type="checkbox"/> Getting to & from appointments <input type="checkbox"/> Where to stay during treatment <input type="checkbox"/> Drug costs <input type="checkbox"/> Child / family / elder care
<p>Spiritual</p> <ul style="list-style-type: none"> <input type="checkbox"/> Meaning / purpose of life <input type="checkbox"/> Faith 	<p>Social / Family</p> <ul style="list-style-type: none"> <input type="checkbox"/> Feeling a burden to others <input type="checkbox"/> Worry about family / friends <input type="checkbox"/> Feeling alone <input type="checkbox"/> Relationship difficulties 	<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Concentration / Memory <input type="checkbox"/> Diarrhea <input type="checkbox"/> Swallowing <input type="checkbox"/> Communication difficulties <input type="checkbox"/> Falling / Loss of balance <input type="checkbox"/> Tingling / numbness

MST (Malnutrition Screening Tool)

Commentary: This is a validated, internationally used tool.

1. Have you lost weight recently without trying?

- No [will take person to question 2]
- Unsure [will take person to question 2]
- Yes [if yes, the following sub-question appears]

If YES, how much weight have you lost?

- 2 to 13 lbs / 1 to 6 kg
- 14 to 23 lbs / 7 to 10 kg
- 24 to 33 lbs / 11 to 15 kg
- More than 33 lbs / 15 kg
- Unsure

2. Have you been eating poorly because of a decreased appetite?

- No
- Yes

Advance Care Planning

Commentary: It is important to support patients in making advance care plans before their health situation becomes critical (that is, not during symptom crises or near end-of-life).

These questions provide a way for patients and health care providers talk about advance care planning regularly and ensure our documentation is up-to-date.

Creating your personalized health care plan

Advance care planning is when you think about what matters to you, what a good day looks like, how your personal beliefs and wishes fit into your future healthcare and personal care, and then sharing your wishes and preferences with others. It also means deciding who will speak for you if you cannot speak for yourself. Your BC Cancer health care team can help you start or update your planning documents at any time.

Regarding your personalized health care plan, select all that apply:

1. I have an advance care plan
2. I have named a substitute decision maker / spokesperson if I cannot speak for myself
3. I'd like to talk with someone about advanced care planning

[If either 1 or 2 is selected, a popup appears: You have indicated either that you have an advance care plan or have named a substitute decision maker. Please consider if the documents and contact information are up to date, and sharing a copy with your BC Cancer care team and your family doctor]