## Disability Distress Assessment Tool



Client's name:	
DoB:	Gender:
Unit/ward:	NHS No:

Your name: Date completed:

#### Names of others who helped complete this form:

#### DisDAT is

Intended to help identify distress cues in people who because of cognitive impairment or physical illness have severely limited communication.

**Designed** to describe a person's usual content cues, thus enabling distress cues to be identified more clearly.

**NOT a scoring tool.** It documents what many staff have done instinctively for many years thus providing a record against which subtle changes can be compared. This information can be transferred with the client or patient to any environment.

Only the first step. Once distress has been identified the usual clinical decisions have to be made by professionals.

Meant to help you and your client or patient. It gives you more confidence in the observation skills you already have which in turn will help you improve the care of your client or patient.

#### INSTRUCTIONS FOR USING DISDAT ARE ON THE BACK PAGE

#### SUMMARY OF SIGNS AND BEHAVIOURS

#### Appearance when CONTENT

Face Eyes

Tongue/jaw

Skin

#### Appearance when DISTRESSED

Face Eyes

Tongue/jaw

Skin

#### Vocal signs when CONTENT

Sounds

Speech

#### Vocal signs when DISTRESSED

Sounds

Speech

#### Habits and mannerisms when CONTENT

Habits

Mannerisms

Comfortable distance

#### Habits and mannerisms when DISTRESSED

Habits

Mannerisms

Comfortable distance

#### Posture & observations when CONTENT

Posture

Observations

#### Posture & observations when DISTRESSED

Posture

Observations

# Disability Distress Assessment Tool



Please take some time to think about and observe your client's appearance and behaviours when they are both content and distressed, and describe these cues in the spaces given. We have listed words in each section to help you to describe your client or patient. You can circle the word or words that best describe the signs and behaviours when your client or patient is content and when they are distressed. Document the cues in each category and, if possible, give a fuller description in the spaces given. Your descriptions will provide you with a clearer picture of your client's 'language' of distress.

This person is unable to show		e		1	l ev	vel 0	
			- Aleksan				
This person is able to show the	•					vel 1	
This person is able to show the	at they want m	ore, or have l	had enough of s	omething	Lev	vel 2	
This person is able to show an	ticipation for the	neir like or dis	like of somethin	g	Lev	vel 3	
This person is able to commun	nicate detail, q	ualify, specify	and/or indicate	opinions	Lev	/el 4	
* This is adapted from the Kidderminster Curriculu	ım for Children and Adu	ts with Profound Multi	ple Learning Difficulty (Jon	es, 1994, National	Portage Association).		
FACIAL SIGNS							
Appearance	A	ban santani		A	an colonia dinte		
Information / instructions	Appearance	when content	Į.	Appearan	ce when dist	ressed	
(Ring) the words that best describe the facial	Passive I	_augh Sr	mile Frown	Passive	Laugh	Smile	Frown
appearance	Grimace	Startled	Frightened	Grimace	Startled	d	Frightened
	Other:			Other:			
Jaw movement							
Information / instructions	Movement wh	en content		Movemen	t when distre	ssed	
Ring the words that best	Relaxed	Drooping	Grinding	Relaxed	Droopir	ng	Grinding
describe the jaw movement	Biting	Rigid		Biting	Rigid		
	Other:			Other:			
Appearance of eyes							
Information / instructions	Appearance	when content	t	Appearan	ce when dist	ressed	
Ring the words that best	Good eye con	tact Li	ttle eye contact	Good eye o	contact	Little eye	e contact
describe the appearance	Avoiding eye	contact C	losed eyes	Avoiding ey	e contact	Closed 6	eyes
оррошино о	Staring	Sleepy eye	es	Staring	Sleepy	eyes	
	'Smiling'	Winking	Vacant	'Smiling'	Winking	g	Vacant
	Tears	Dilated pur	oils	Tears	Dilated	pupils	
	Other:			Other:			

#### SKIN APPEARANCE

Inform	ation / instructions	Appearance	e when content		Appearanc	e when distressed	
Ring	the words that best	Normal	Pale	Flushed	Normal	Pale	Flushed
	describe the appearance	Sweaty	Clammy		Sweaty	Clammy	
	.,,	Other:			Other:		

**VOCAL SOUNDS** (NB. The sounds that a person makes are not always linked to their feelings) Information / instructions Sounds when content Sounds when distressed Ring) Volume: high Volume: high the words that best medium low medium low describe the sounds Pitch: high medium low Pitch: high medium low Write down commonly used Duration: short Duration: short intermittent intermittent long sounds (write it as it sounds; long 'tizz', 'eeiow', 'tetetetete'): Description of sound / vocalisation: Scream Description of sound / vocalisation: Cry out Wail laugh .......... Cry out Wail Scream laugh Groan / moan shout Gurgle Groan / moan shout Gurgle Other: ......... Other: SPEECH Information / instructions Words when content Words when distressed Write down commonly used words and phrases. If no words are spoken, write NONE Slurred (Ring ) the words which best Clear Stutters Unclear Clear Stutters Slurred Unclear describe the speech Muttering Fast Slow Muttering Fast Slow Loud Soft Whisper Loud Soft Whisper Other: Other: HABITS & MANNERISMS Information / instructions Habits and mannerisms when content Habits and mannerisms when distressed Write down the habits or mannerisms. eg. "Rocks when sitting" Write down any special comforters, possessions or toys this person prefers. Please (Ring) the statements Close with strangers Close with strangers which best describe how Close only if known Close only if known comfortable this person is with other people being physically No one allowed close No one allowed close close by Withdraws if touched Withdraws if touched BODY POSTURE Information / instructions Posture when content Posture when distressed Ring) the words that best Normal Rigid Floppy Normal Rigid Floppy describe how this Jerky Slumped Restless Jerky Slumped Restless person sits and stands. Tense Still Able to adjust position Tense Still Able to adjust position Leans to side Poor head control Leans to side Poor head control Way of walking: Normal / Abnormal Way of walking: Normal / Abnormal Other: Other: BODY OBSERVATIONS Information / instructions Observations when content Observations when distressed Describe the pulse, breathing, Pulse: Pulse: sleep, appetite and Breathing: Breathing: usual eating pattern, eg. eats very quickly, takes a Sleep: Sleep: long time with main course, eats Appetite: Appetite puddings quickly, "picky". Eating pattern: Eating pattern:

## When to use DisDAT When the team believes the client is NOT distressed

The use of DisDAT is optional, but it can be used as a

- baseline assessment document
- transfer document for other teams

### When the team believes the client IS distressed If DisDAT has already been completed it can be

used to compare the present signs and behaviours with previous observations documented on DisDAT. It then serves as a baseline to monitor change.

If DisDAT has not been completed:

- a) When the client is well known DisDAT can be used to document previous content signs and behaviours and compare these with the current observations
- b) When the client or the distress is new to the team, DisDAT can be used document the present signs and behaviours to act a baseline to monitor change.

#### How to use DisDAT

- Observe the client when content and when distressed- document this on the inside pages. Anyone who cares for the patient can do this.
- Observe the context in which distress is occurring.
- Use the clinical decision distress checklist on this page to assess the possible cause.
- Treat or manage the likeliest cause of the distress.
- The monitoring sheet is a separate sheet, which may help if you want to see how the distress changes over time.
- The goal is a reduction the number or severity of distress signs and behaviours.

#### Remember

- Most information comes from the whole team in partnership with the family.
- The assessment form need not be completed all at once and may take a period of time.
- Reassessment is essential as the needs of the client or patient may change due to improvement or deterioration.
- Distress can be emotional, physical or psychological. What is a minor issue for one person can be major to another.
- If signs are recognised early then suitable interventions can be put in place to avoid a crisis.

#### Clinical decision distress checklist

Use this to help decide the cause of the distress

#### Is the new sign or behaviour?

Repeated rapidly?

Consider pleuritic pain (in time with breathing)

Consider colic (comes and goes every few minutes)

Consider: repetitive movement due to boredom or fear.

- Associated with breathing?
   Consider: infection, COPD, pleural effusion, tumour
- Worsened or precipitated by movement?
   Consider: movement-related pains
- Related to eating?

Consider: food refusal through illness, fear or depression

Consider: food refusal because of swallowing problems

Consider: upper GI problems (oral hygiene, peptic ulcer, dyspepsia) or abdominal problems.

- Related to a specific situation?
   Consider: frightening or painful situations.
- Associated with vomiting?
   Consider: causes of nausea and vomiting.
- Associated with elimination (urine or faecal)?
   Consider: urinary problems (infection, retention)
   Consider: GI problems (diarrhoea, constipation)
- Present in a normally comfortable position or situation?

Consider: anxiety, depression, pains at rest (eg. colic, neuralgia), infection, nausea.

If you require any help or further information regarding DisDAT please contact:
Lynn Gibson 01670 394 260
Dorothy Matthews 01670 394 808
Dr. Claud Regnard 0191 285 0063 or e-mail on claudregnard@stoswaldsuk.org

Northgate & Prudhoe NHS Trust Palliative Care Team and St. Oswald's Hospice

#### Further reading

Regnard C, Matthews D, Gibson L, Clarke C, Watson B. Difficulties in identifying distress and its causes in people with severe communication problems. *International Journal of Palliative Nursing*, 2003, 9(3): 173-6.

Distress may be hidden, but it is never silent

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Client's name:

Unit/ward:

# Disability Distress Assessment Tool (Monitoring Tool)

DoB:

Gender:



Please affix patient

addressograph here

Edinburgh University (Matt Hayes), Northgate Palliative Care Team and St. Oswald's Hospice

Page No:

NHS No:

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