SYMPTOM ASSESSMENT ACRONYM

(Adapted from the FHA Hospice Palliative Care Program, Symptom Guidelines, 2006)

Nursing Assessment using the NOPQRSTUV Acronym

Normal	• What is normal for you? (Establish baseline)
Onset	• When did it begin? • How long does it last? • How often does it occur?
Provoking/ **P**alliating	• What brings it on? • What makes it feel better? • What makes it feel worse?
Quality	• What does it feel like? (Describe symptom)
Region/ **R**adiation	• Where is it? • Does it spread anywhere?
Severity	• How bothersome is this symptom? (On a 0-10 scale, with 0 being not at all to 10 being the worst imaginable) • Are there any other accompanying symptoms? (If yes, describe)
Treatment	• What medications or treatments are you currently using? • How effective are these? • Do you have any side effects from the medications? • What medications or treatments have you used in the past?
Understanding/ Impact on You	• What do you believe is causing this symptom? • How is this symptom affecting you and/or your family? (On a 0-10 scale, with 0 being none to 10 being the worst possible)
Values	• What is your comfort goal or acceptable level for this symptom? • Are there any other views or feelings about this symptom that are important to you or your family?

*** Include physical assessment as appropriate for symptom & clinical practice setting**