

LEAP Palliative Care Comfort Scale

- i. Date _____ (DD/MM/YY)
- ii. Name _____
- iii. Site/Location: Hamilton (Courtyard Marriott) February 7-8,2014

My profession is:

- Physician Nurse (RN) Nurse (RPN)
- Nurse Practitioner Other (please specify): _____

Instructions

The survey explores the degree of comfort or discomfort you anticipate you will feel in addressing various symptoms and problems if you were called upon today to care for a patient with a progressive incurable illness.

Circle the number that best reflects how you feel (1=Not at all comfortable and 7= very comfortable).

	Not at all Comfortable		Neutral				Very Comfortable	
	1	2	3	4	5	6	7	
1. Introducing palliative care to the patient	1	2	3	4	5	6	7	
2. Breaking bad news	1	2	3	4	5	6	7	
3. Responding to the question "How long do I have to live?"	1	2	3	4	5	6	7	
4. Discussing code status (do not resuscitate or DNR)	1	2	3	4	5	6	7	
5. Discussing withdrawal of chemotherapy if it is no longer effective in controlling the disease	1	2	3	4	5	6	7	
6. Discussing withholding tube feeding	1	2	3	4	5	6	7	
7. Managing cachexia (weight loss)	1	2	3	4	5	6	7	
8. Managing cancer pain	1	2	3	4	5	6	7	
9. Using the WHO Analgesic Ladder	1	2	3	4	5	6	7	
10. Selecting an appropriate adjuvant analgesic to manage neuropathic pain	1	2	3	4	5	6	7	
11. Switching from morphine to hydromorphone	1	2	3	4	5	6	7	
12. Managing delirium	1	2	3	4	5	6	7	
13. Managing shortness of breath	1	2	3	4	5	6	7	
14. Diagnosing depression	1	2	3	4	5	6	7	
15. Managing nausea	1	2	3	4	5	6	7	
16. Caring for a bereaved family member	1	2	3	4	5	6	7	

Please Submit Completed Scale With Your Registration Form