Policy · HSP-POL-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 10.1

At a glance

- Pain and other symptoms (breathlessness, nausea, anxiety, agitation) are assessed on a fixed schedule with a validated tool (HSP-FRM-001).
- Each patient has a written symptom plan, reviewed when the condition changes.
- A symptom that is not controlled within a set time is reviewed the same day.
- Pain control follows the pain policy (MNP-POL-003).
- Stop and get help straight away if: a patient has uncontrolled pain or breathlessness with no review and no change to the plan.

1. Purpose

To assess and control the symptoms that cause most suffering in serious illness (10.1).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Pain and other symptoms such as breathlessness, nausea and agitation drive most of the suffering in serious illness. Assessing them on a schedule, and acting on the scores, is what keeps patients comfortable.

5. Responsibilities

Role	Responsibility	Competence
Lead palliative clinician	Owns the policy and the symptom plans	Clinician
Nurse	Assesses on schedule and records	Nurse

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Assess.

- Assess pain and symptoms on the set schedule with HSP-FRM-001.

Key point: On schedule, with a tool.

Step 2. Plan.

- Write the symptom plan with the treatment and the review date, following MNP-SOP-002.

Key point: Written, with a review date.

Step 3. Review.

- Review each uncontrolled symptom the same day, and change the plan.

Key point: Same day.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Patients with a symptom assessment on schedule	95%	Monthly	Lead palliative clinician	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
HSP-FRM-001	Symptom assessment chart	Chart
MNP-POL-003	Pain assessment and management (existing, reused)	Policy

17. Evidence

Reference	Note
E-009	Based on the WHO Palliative Care guidance and the WHO Package of Essential Noncommunicable Disease interventions (2020).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Care & Treatment: Clinical Standards for Accreditation** (H-04)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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