

### **Prehabilitation**

**Screening Guidance For Staff** 



### **Physical Activity: Duke Activity Status Index (DASI)**

The Duke Activity Status Index (DASI) is self-administered questionnaire that measures a patient's functional capacity. It can be used to gain an estimate of a patient's peak oxygen uptake.

The patient circles YES / NO to the 12 questions.

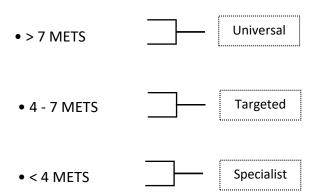
Add up the numerical value for all YES answers.

Complete the equation to achieve a METS score.

Scoring available online at: <a href="https://www.mdcalc.com/calc/3910/duke-activity-status-index-dasi">https://www.mdcalc.com/calc/3910/duke-activity-status-index-dasi</a>

Or via app: MDCalc (free)

#### Stratification:



## Nutrition: Patient Generated- Subjective Global Assessment (Short form) (PG-SGA (SF))

It is always preferable for the patient to complete the PG-SGA (SF), particularly in the context of their eating/intake, their symptoms (that they may not tell the family, nurse or physician but that do impact ability to eat and absorb adequate macro- and micronutrients), and functional status.

#### Scoring:

Box 1 (weight history): additive

To determine score, used 1 – month weight data if available. Use 6-month data only if there is no 1-month weight data. Use points below to score weight change and add one extra point if patient has lost weight during past 2 weeks. Enter total point score in Box 1.

Weight loss in 1 month	Points	Weight loss in 6 months
10% or greater	4	20% or greater
5 - 9.9%	3	10 - 19.9%
3 – 4.9%	2	6 – 9.9%
2 – 2.9%	1	2 – 5.9%
0 – 1.9%	0	0 – 1.9%

Box 2 (food intake): non-additive, use highest score

Box 3 (symptoms): additive

Box 4 (Activities and Function): non-additive, use highest score

#### **Stratification:**

0 - 1 points - universal

2- 3 points – targeted (refer for assessment)

≥ 4 points – specialist (refer for assessment)

#### Stratification resource and referral guide:

The following is a guide for resource provision and onward referral. Teams are responsible for identifying resources and services available to them locally including community, third sector and local authority resources.

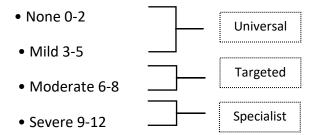
Score	Risk	Outcome
0-1	Low	Sign post to national prehabilitation website.  Provide relevant resources as per current local pathway of care.
2-3	Moderate	Escalate back to clinical team. For assessment and targeted intervention as per current local pathway of care.
≥4	High	Escalate back to clinical team. For assessment and specialist intervention as per current local pathway of care.

# Psychological Wellbeing: Patient Health Questionnaire- 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3

Total Score =	
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Scoring PHQ-4 total score ranges from 0 to 12, with categories of psychological distress being:



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For any patients identified as 'targeted' or 'specialist':

- Refer back to the relevant member of the MDT e.g.) cancer nurse specialist, consultant.
- Where prehabilitation pathways exist for targeted and specialist assessment, please refer patients through pathway as per current practice.
- Where there is no prehabilitation service in situ, a local MDT plan should be made for onward referral, signposting to services or resources as per current practice. This must documented within the MDT plan.