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**GENERAL GUIDELINES FOR DETERMINING LIFE EXPECTANCY OF < SIX MONTHS**

**The patient should meet the following criteria: (Required)**

1. ☐ Terminal condition either due to a specific diagnosis or a combination of diseases
2. ☐ Patient/Family informed condition is life threatening
3. ☐ Patient and/or family have elected a course of palliative care
4. ☐ Patient/PCG/Physician agree exacerbation of terminal illness will not be treated aggressively
5. ☐ Recent decline functional status

**The patient has either of the following: (Required)**

RN or physician documented clinical progression of the disease (document as many as apply):

- ☐ Physician assessment, lab radiology, or other studies \_\_\_\_\_
- ☐ Nursing assessment \_\_\_\_\_
- ☐ Multiple ER visits or inpatient hospitalizations over the previous six months # \_\_\_\_\_

**Nutrition Status Impairment**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ ☐ Baseline Change since last certification: \_\_\_\_\_ lbs ☐ Decrease ☐ Increase ☐ None  
BMI: \_\_\_\_\_ Results: ☐ 18.5 or less = Underweight ☐ 18.5-24.9 = Normal ☐ 25.0-29.9 = Overweight ☐ 30 or greater = Obese  
Mid- Arm Circumference: \_\_\_\_\_ ☐ Baseline Change since last certification: \_\_\_\_\_ ☐ Decrease ☐ Increase ☐ None  
Abdominal Girth: \_\_\_\_\_ ☐ Baseline Change since last certification: \_\_\_\_\_ ☐ Decrease ☐ Increase ☐ None  
☐ Loss of 10% body weight in last 6 months ☐ Loss of 7.5% body weight in last 3 months  
Laboratory Data: Albumin: \_\_\_\_\_ ☐ Baseline ☐ Decrease ☐ No Change  
Cholesterol: \_\_\_\_\_ ☐ Baseline ☐ Decrease ☐ No Change  
Current Diet: \_\_\_\_\_ Previous Diet: \_\_\_\_\_ Date diet change occurred: \_\_\_\_\_

**DEBILITY UNSPECIFIED: clinical impression of < 6 month prognosis based on 1 and 2**

1. ☐ Decline not attributed to known primary disease process **AND**
2. Rapid decline over past 3-6 months AEB all of the following:
  - ☐ Progression of disease evidenced by symptoms/signs/tests
  - ☐ Decline in PPS to 50% or lower
  - ☐ Weight loss not to reversible causes/and or declining serum albumin levels

**Supporting documentation includes**

- ☐ Dysphagia leading to inadequate nutritional intake or recurrent aspiration
- ☐ Decline in systolic BP to <90 or progressive postural hypotension
- ☐ Decline in FAST Scale for Dementia
- ☐ Multiple progressive Stage 3-4 pressure ulcers in spite of optimal care
- ☐ Additional co-morbidities: \_\_\_\_\_

**ALZHEIMER'S-DEMENTIA: should be at or beyond Stage 7C of FAST (Functional Assessment Staging Tool)**

**Co-morbidities in past year:**

- ☐ Aspiration pneumonia ☐ Septicemia & Decubitus ulcers ☐ Pyelonephritis/UTI ☐ Dysphagia or refusal to eat
- ☐ Inability to maintain weight ☐ AEB loss of 10% body wt in previous 6 mo or 7.5% in 3 mo

**CANCER**

- ☐ Diagnosis confirmed through pathology or radiology. Cell type: \_\_\_\_\_
- ☐ Pt no longer receiving curative treatment (Pt's receiving palliative radiation/chemotherapy are evaluated on an individual basis)
- ☐ Evidence of end stage disease and/or metastasis. Stage of disease: \_\_\_\_\_
- Recent lab/diagnostic studies: \_\_\_\_\_
- ☐ Malnutrition ☐ Pain

## **CARDIAC DISEASE**

- ☐ Recurrent Congestive Heart Failure (CHF)
- ☐ Ejection fraction of 20% or less (if test results available)
- ☐ Optimal treatment with diuretics & vasodilators
- ☐ Persistent symptoms of CHF despite maximal medication treatment
- ☐ Symptoms supraventricular or ventricular arrhythmia, resistant to ant arrhythmic therapy
- ☐ History of cardiac arrest & resuscitation
- ☐ Embolic CVA or cardiogenic brain embolism
- ☐ Concomitant HIV disease
- ☐ NYHA Class IV/symptomatic even at rest: inability to carry on any physical activity without discomfort. Symptoms of heart failure or angina maybe present even at rest with any physical activity discomfort/SOB increases
- ☐ History of unexplained syncope
- ☐ Not a surgical candidate

## **CHRONIC DEGENERATIVE NEUROLOGICAL DISEASE:** (Parkinson's, ALS, MS, Supranuclear Palsy, etc.)

Patient must meet at least one of the following criteria (1 or 2 plus A or 2 plus B)

1. Critically impaired breathing capacity with all of the following:

- ☐ Dyspnea at rest
- ☐ Vital capacity <30%
- ☐ Requires oxygen at rest
- ☐ Patient declines artificial ventilation

2. Rapid disease progression with either A or B

- ☐ Progression from independent ambulation to w/c or bedbound
- ☐ Progression from normal to barely intelligible speech
- ☐ Progression from normal to pureed diet
- ☐ Progression from independence in most or all ADLs to needing major caretaker assistance with all ADLs

### **AND**

A. Critical nutritional impairment in preceding 12 months AEB all of the following:

- ☐ Oral intake of nutrients and fluids insufficient to sustain life
- ☐ Continuing weight loss
- ☐ Dehydration or hypovolemia
- ☐ Absence of artificial feeding methods

### **OR**

B. Life Threatening complications demonstrated by one of more of the following in the preceding 12 months:

- ☐ Recurrent aspiration pneumonia
- ☐ Apper urinary tract infections
- ☐ Sepsis
- ☐ Recurrent fever after antibiotics

## **END STAGE LIVER DISEASE**

*Patient may be a candidate for liver transplant (if donor organ procured, patient must discharge from hospice services)*

- Should show both: ☐ Prothrombin time prolonged more than 5 sec. over control or INR > 1.5 ☐ Serum albumin <2.5gm/dl
- Should show at least one: ☐ Spontaneous bacterial peritonitis ☐ Hepatorenal syndrome (elevated creatinine & bun with oliguria)
- ☐ Hepatic encephalopathy ☐ Recurrent variceal bleeding ☐ Ascites with max diuretics
- May have: ☐ Progressive malnutrition ☐ Muscle wasting with reduced strength & endurance ☐ HBsAG positivity
- ☐ Continued active alcoholism ☐ Hepatocellular carcinoma ☐ Hep C refractory to Interferon therapy

## **END STAGE RENAL DISEASE**

*Patient may be a candidate for kidney transplant (if donor organ procured, patient must discharge from hospice services)*

- ☐ Discontinuing or refusing dialysis
- ☐ Hepatorenal syndrome
- ☐ Intractable fluid overload
- ☐ Uremia
- ☐ Oliguria
- ☐ Intractable hyperkalemia (K+>7)
- ☐ Uremic pericarditis
- ☐ Creatinine clearance <10cc/min (<15cc/min for diabetics) AND serum creatinine >8.0 mg/dl (greater than 6.0 mg/dl for diabetics)

## **PULMONARY DISEASE**

- ☐ Disabling dyspnea at rest
  - ☐ Dyspnea responds poorly to bronchodilators
  - ☐ FEVI after Bronchodilator<30% (if available)
  - ☐ Dyspnea often exacerbated by other debilitating symptoms such as fatigue and cough
  - ☐ Progressive pulmonary disease AEB increasing ER visits/hospitalization/antibiotics for pulmonary infections/respiratory failure
  - ☐ Presence of Corpulmonale or right sided heart failure (due to advanced pulmonary disease, not primary or secondary to left heart disease or valvulopathy). May be documented by Echocardiogram, EKG, CXR, physical signs of RHF. Findings: \_\_\_\_\_
  - ☐ Unintentional, progressive weight loss of greater than 10% of body weight over the preceding six months
  - Present weight \_\_\_\_\_lb. Previous weight \_\_\_\_\_lb. Date \_\_\_\_\_
  - ☐ Resting tachycardia greater than 100/min in a patient with known COPD. Present pulse \_\_\_\_\_
  - ☐ Hypoxemia (pO2<55mm Hg on O2-O2sat<88% on O2) and/or Hypercapnia (pCO2>50mm Hg) at rest while on oxygen
  - ☐ Decreased functional capacity (bed to chair existence, fatigue, cough)
- Symptoms

**STROKE OR COMA: patient has both 1 and 2**

- ☐ Poor functional status with Palliative performance Scale\* of equal to or less than 40%
- Poor nutritional status with inability to maintain sufficient fluid and calorie intake with at least one of the following:
  - ☐ 10% or > weight loss over the previous six (6) months
  - ☐ 7.5% or > weight loss over the previous three (3) months
  - ☐ Serum albumin <2.5 gm/dl
  - ☐ Current history of pulmonary aspiration without effective response to speech language pathology interventions to improve dysphagia and decrease aspiration events

**Supporting documentation includes: Coma (any etiology) with three (3) of the following on the third (3rd) day of coma:**

- ☐ Abnormal brain stem response
- ☐ Absent verbal responses
- ☐ Absent withdrawal response to pain
- ☐ Serum creatinine > 1.5 gm/dl

**Supporting CT Finding:**

- ☐ Major bleed
- ☐ Ventricular extension of bleed
- ☐ Midline shift = 1.5
- ☐ Hydrocephalus
- ☐ Anterior bi-hemispheric large infarcts
- ☐ Basillary artery occlusion
- ☐ Bilateral vertebrae artery occlusion

**Check ALL conditions that apply**Chronic stroke patients

- ☐ Age greater than 70
- ☐ Post stroke dementia

Medical complications

- ☐ Aspiration pneumonia
- ☐ Upper urinary tract infection
- ☐ Sepsis
- ☐ Refractory stage 3-4 decubitus ulcers
- ☐ Fever recurrent after antibiotics

**(PPS) PALLIATIVE PERFORMANCE SCALE: Adapted Karnofsky**

%	Ambulation	Activity and Evidence of Disease	Self Care	Intake	Conscious Level
100	Full	Normal Activity No Evidence of Disease	Full	Normal	Full
90	Full	Normal Activity Some Evidence of Disease	Full	Normal	Full
80	Full	Normal Activity with Effort Evidence of Disease	Full	Normal or reduced	Full
70	Reduced	Unable to do normal work	Full	Normal or reduced	Full
60	Reduced	Unable to do most activities Significant disease	Occasional assistance	Normal or reduced	Full
50	Mainly Chair	Minimal activity Extensive Disease	Considerable assistance	Normal or reduced	Full +/- confusion
40	Mainly in bed	As above	Mainly assistance	Normal or reduced	Full or drowsy +/- confusion
30	Totally bed bound	As above	Total care	Reduced	Full or drowsy +/- confusion
20	Moribund	As above	Total care	Minimal sips	Full or drowsy +/- confusion
10	Moribund	As above	Total care	Mouth care only	Drowsy or coma

**TOTAL OF RATINGS** \_\_\_\_\_ ☐ Baseline ☐ Decrease ☐ No Change

**PAIN and SYMPTOM CONTROL**

Type:	Location:	Frequency: <input type="checkbox"/> Occasionally <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
Severity (range high to low):	Increase during this period: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Analgesic Regime:

## RESPIRATORY SYSTEM

Shortness of breath: ☐ At rest ☐ with minimal exertion

Treatment: ☐ O2 \_\_\_\_\_ LPM via: ☐ Mask ☐ NC Usage: ☐ continuous ☐ intermittent Changes in O2 from \_\_\_\_\_ to \_\_\_\_\_

Changes in respiratory pattern during this period:

## OTHER INDICATORS

Vital Signs: Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Recent Infections: ☐ Cellulitis ☐ Pneumonia ☐ Thrush ☐ UTI ☐ Skin ☐ Other \_\_\_\_\_

Pressure Ulcers: Location \_\_\_\_\_ Size \_\_\_\_\_ Stage \_\_\_\_\_ ☐ Decrease ☐ Increase ☐ No change

Location \_\_\_\_\_ Size \_\_\_\_\_ Stage \_\_\_\_\_ ☐ Decrease ☐ Increase ☐ No change

Location \_\_\_\_\_ Size \_\_\_\_\_ Stage \_\_\_\_\_ ☐ Decrease ☐ Increase ☐ No change

## KATZ BASIC ACTIVITIES OF DAILY LIVING (ADL) SCALE

1. Bathing Points: _____	(1 point) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	(0 points) Needs help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing.
2. Dressing Points: _____	(1 point) Gets clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	(0 points) Needs help with dressing self or needs to be completely dressed.
3. Toileting Points: _____	(1 point) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.	(0 points) Needs help transferring to the toilet, cleaning self or uses bedpan or commode
4. Transferring Points: _____	(1 point) Moves in and out of bed or chair unassisted. Mechanical transferring aides are acceptable.	(0 points) Needs help in moving from bed to chair or requires a complete transfer.
5. Continence Points: _____	(1 point) Exercises complete self control over urination and defecation.	(0 points) Is partially or totally incontinent of bowel or bladder.
6. Feeding Points: _____	(1 point) Gets food from plate into mouth without help. Preparation of food may be done by another person	(0 points) Needs partial or total help with feeding or requires parenteral feeding.

TOTAL POINTS = \_\_\_\_\_ 6 = High (*patient independent*) 0 = Low (*patient very dependent*)

Above score is: ☐ Baseline ☐ Decrease ☐ No Change

## FALL RISK ASSESSMENT: *If patient is Non-Ambulatory, Fall Risk is 0.*

Score of 1 or more indicates high risk. The higher the score, the higher the fall risk	Yes= 1 point
Age 80 or older	
History of Falls	
Impaired Mobility (weakness, dizziness, uses assistive devices)	
Altered Mental Status	
Elimination (incontinence, urgency)	
Sensory Impairment (vision, hearing)	
Environmental Dangers (poor lighting, hazards)	
Use of Medications affecting mental status, pain, sedation, anxiety, diuretics, and laxatives	
<b>TOTAL SCORE</b>	

## Further Documentation Support for Terminal Diagnosis

☐ Hospitalizations within the past year for: \_\_\_\_\_

☐ Labs ☐ Diagnostic ☐ Increased visits required

☐ Inpatient Care (Dates) \_\_\_\_\_ ☐ Continuous Care (Dates) \_\_\_\_\_

☐ Worsening of symptoms related to diagnosis (seizures, hemorrhage, agitation, fatigue, edema, anxiety)

**CONCLUSION:** Hospice diagnosis \_\_\_\_\_ Co-morbidities \_\_\_\_\_