

Hospice of the Piedmont
 Guideline Worksheet for Determining Terminal Prognosis – Decline in Clinical Status – Initial Certification

Patient Name: _____ ID# _____ Certification Date: _____

The following criteria will support a prognosis of six months or less if the terminal illness runs its normal course for patients with **Decline in Clinical Status** on initial certification.

Since determination of decline presumes assessment of a patient’s status over time, it is essential that both baseline and follow-up determinations be reported where appropriate. Baseline data may be established on admission to hospice or by using existing information from records. Other clinical variables not on this list may support a six (6) month or less life expectancy. These should be documented in the clinical progress notes. These changes in clinical variables apply to patients whose decline is not considered to be reversible. They are listed in order of their likelihood to predict poor survival, the most predictive first and the least predictive last. No specific number of variables must be met, but fewer of those listed first (more predictive) and more of those listed last (least predictive) would be expected to predict longevity of six (6) months or less.

1) **Progression of disease as documented by worsening clinical status, symptoms, signs and laboratory results:**

A. **Clinical Status:**

- 1) **Recurrent or intractable infection** such as pneumonia, sepsis or upper urinary tract
- 2) **Progressive inanition (debilitation)** as documented by:
 - a) **Weight loss** not due to reversible causes such as depression or use of diuretics
 - b) Decreasing anthropomorphic measurements, not due to reversible causes such as depression or use of diuretics
 Mid-arm circumference: _____ cm or Abdominal girth: _____ cm
 - c) Decreasing serum albumin or Serum albumin: _____ g/dl
 Decreasing serum cholesterol or Serum cholesterol: _____ mg/100 ml
- 3) **Dysphagia** leading to recurrent aspiration and/or inadequate oral intake documented by decreasing food portion consumption

B. **Symptoms:**

- 1) **Dyspnea** with increasing respiratory rate **Respiratory rate:** _____ / min
- 2) **Cough**, intractable
- 3) **Nausea/vomiting** poorly responsive to treatment
- 4) **Diarrhea**, intractable
- 5) **Pain** requiring increasing doses of major analgesics more than briefly

C. **Signs:**

- 1) **Decline in systolic BP** to below 90 mmHg or **Progressive postural hypotension**
BP: _____ / _____
- 2) **Ascites**
- 3) **Venous, arterial or lymphatic obstruction** due to local progression or metastatic disease
- 4) **Edema**
- 5) **Pleural/pericardial effusion**
- 6) **Weakness**
- 7) **Change in level of consciousness**

D. **Laboratory** (when available – lab testing is not required to establish hospice eligibility)

- 1) **Increasing pCO2 or decreasing pO2 or decreasing SaO2**
pCO2: _____ mmHg or **pO2:** _____ mmHg or **SaO2:** _____ %
- 2) **Increasing calcium, creatinine or liver function studies**
Ca: _____ mg/100ml **Creatinine:** _____ mg/100 ml **Liver Function Studies:** _____ mg/100 ml
- 3) **Increasing tumor markers** (e.g., CEA, PSA)
- 4) **Progressively decreasing or increasing serum sodium or increasing serum potassium**
Na: _____ mEq/L or **K:** _____ mEq/L

- 2) **Decline in Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) from ≤ 70% due to progression of disease**
KPS or PPS (circle one) Score: _____ %
- 3) **Increasing emergency room visits, hospitalizations, or physician’s visits** related to hospice primary diagnosis
- 4) **Progressive Decline in Functional Assessment Staging (FAST) for dementia (from ≥ 7A on the FAST)**
FAST Score: _____
- 5) **Progression to dependence on assistance with additional ADLs (two (2) or more):**
 - Feeding Ambulation Continence
 - Transfer Bathing Dressing
- 6) **Progressive stage 3-4 pressure ulcers in spite of optimal care**

Comorbidities: A diagnosis that is not the primary hospice diagnosis nor related to the primary hospice diagnosis, but the presence and severity of such disease is likely to contribute to a life expectancy of 6 months or less. Such diseases are not related to the hospice diagnosis and do not therefore imply financial responsibility under the hospice benefit.

- Chronic obstructive pulmonary disease (COPD)
- Diabetes Mellitus
- Renal failure
- Congestive heart failure (CHF)
- Liver Disease
- Neoplasia
- Neurological disease (CVA, MS, Parkinson’s)
- Ischemic heart disease
- Dementia
- Acquired immune deficiency syndrome (AIDS)

Form completed by: _____ Date: _____