## Indicators of Decline in Clinical Status

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Life limiting condition &lt;6 months expected survival</td>
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<td>2. Multiple ER visits over the past 6 months?</td>
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<td>3. Multiple hospitalizations over the past 6 months?</td>
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<tr>
<td>4. Unintentional progressive weight loss, more than 10% body weight, over the past 6 months?</td>
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<td>5. Decreasing anthropomorphic measurements (mid-arm circumference, abdominal girth).</td>
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<td>6. Dependent in 3 to 6 activities of daily living? (bathing, dressing, toileting, feeding, transfers, continence)</td>
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<td>7. Karnofsky or Palliative Performance Scale &lt;=50%?</td>
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<td>8. Co-morbid conditions that limit life expectancy</td>
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<td>9. Recurrent or intractable serious infections such as pneumonia, sepsis or pylonephritis.</td>
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<td>10. Progressive inanition as documented by</td>
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<tr>
<td>11. Dysphagia leading to recurrent aspiration and/or inadequate oral intake</td>
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<td>12. Dyspnea with increasing respiratory rate.</td>
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<td>13. Cough, intractable</td>
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<tr>
<td>14. Nausea/vomiting poorly responsive to treatment</td>
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<td>15. Diarrhea, intractable</td>
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<td>16. Pain requiring increasing doses of major analgesics more than briefly.</td>
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<td>17. Decline in systolic blood pressure to below 90 or progressive postural hypotension.</td>
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<td>18. Ascites</td>
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<td>19. Venous, arterial or lymphatic obstruction due to local progression or metastatic disease</td>
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<td>20. Edema</td>
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<td>21. Pleural/pericardial effusion</td>
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<td>22. Weakness</td>
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23. Change in level of consciousness  
   - Yes  
   - No  

24. Progressive stage 3-4 pressure ulcers in spite of optimal care  
   - Yes  
   - No  

25. Laboratory (when available. Lab testing is not required to establish hospice eligibility)  
   - Yes  
   - No  
   - Increasing pCO2 or decreasing pO2 or decreasing SaO2  
   - Increasing calcium, creatinine or liver function studies  
   - Increasing tumor markers (e.g. CEA, PSA)  
   - Progressively decreasing or increasing serum sodium or increasing serum potassium

DEBILITY UNSPECIFIED

Please refer to the **Decline in Clinical Status** section of this form for more detail. List here the two primary diagnoses.

1. _______________________________  
2. _______________________________
**PULMONARY DISEASE**

Patient has severe lung disease. Signs and symptoms include

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<tr>
<td>__ Dyspnea at rest</td>
<td>__ Oxygen Dependent</td>
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<tr>
<td>__ Dyspnea on exertion</td>
<td>__ Recurrent infections</td>
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<td>__ Housebound</td>
<td>__ Pursed-lip Breathing</td>
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<td>__ Cyanosis</td>
<td>__ Depressed Diaphragm</td>
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<td>__ Wheezing</td>
<td>__ Diminished Breath Sounds</td>
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Dyspnea responde poorly to bronchodilators

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Progressive pulmonary disease with increasing ER visits or hospitalizations (for pulmonary infections and/or respiratory failure)

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Presence of Cor Pulmonale or Right – sided Heart Failure

(Due to advanced pulmonary disease, not primary or secondary to left-sided heart disease or pulvopathy). May be documented by Echocardiogram, EKG, CXR, physical signs of RHF.

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Unintentional, progressive weight loss of greater than 10% of body weight over the preceding six months.

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Resting tachycardia greater than 100/minute in a patient with known COPD

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Steroid Dependent

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Hypoxemia

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Hypercapnia

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MALIGNANCY

Disease with metastases at presentation, or progression from an earlier stage of disease.  Yes  No

Continued decline in spite of therapy  Yes  No

Patient is no longer receiving curative treatment  Yes  No

(Patients receiving palliative radiation/chemotherapy are evaluated on an individual basis)

Cell Type__________  Stage ______________  If metastasis, where to? _________________________

NEUROLOGICAL DISEASE (End Stage Parkinson’s, Alzheimer’s, Dementia)

At or beyond level 7 or the Function Assessment Staging Tool  Yes  No

The patient should show ALL of the following characteristics:

__ Unable to dress without assistance
__ Speech is limited to approximately six or fewer words
__ Unable to bath unassisted
__ Cannot walk without personal assistance
__ Urinary or fecal incontinence

Presence of medical comorbid conditions of sufficient severity to warrant medical treatment, documented within the past year, whether or not the decision was made to treat the condition, e.g.

__ Fever recurrent after antibiotics
__ Septicemia and decubitis ulcers (Stage III and IV)
__ Pyelonephritis or other upper urinary tract infections
__ Aspiration Pneumonia
__ Difficulty swallowing food or refusal to eat (sufficiently severe that the patient can’t maintain sufficient fluid/calorie intake to sustain life).

NARRATIVE HISTORY AND PROGRESSION OF THE ILLNESS:

__________________________________________________________

DIAGNOSTIC STUDIES, LABORATORY RESULTS AND PERTINENT PHYSICAL FINDINGS THAT SUPPORT TERMINAL DIAGNOSIS:

__________________________________________________________
ALS (Amyotrophic Lateral Sclerosis) or MS (Multiple Sclerosis)

In determining prognosis for the ALS/MS patient, examination by a Neurologist within 3 months of assessment is advised. All patients must meet criteria in section 1 and either 2a, 2b or 2c.

SECTION 1

Progression from independent ambulation to wheelchair or bedbound   Yes   No
Progression from normal to barely intelligible speech.   Yes   No
Progression from normal to blenderized diet.   Yes   No
Progression from independence in all or most ADL’s to requiring assistance in all or most ADL’s   Yes   No

Patients with slow progression may survive for longer periods, although clinical judgement may still indicate they may be within six months of death.

SECTION 2

a. Critically impaired capacity:   Yes   No
   __ Vital Capacity (VC) less than 30% of predicted   __ Supplemental oxygen required at rest
   __ Significant dyspnea at rest   __ Intubation or tracheostomy and mechanical considered

b. Critical nutritional impairment:   Yes   No
   __ Artificial feeding not elected or discontinued   __ Continued weight loss
   __ Oral intake insufficient   __ Dehydration or hypovolemia

c. Life-threatening complications:   Yes   No
   __ Recurrent aspiration pneumonia   __ Sepsis
   __ Decubitus ulcers, multiple, stage 3 – 4   __ Fever recurrent after antibiotics
   __ Upper urinary tract infection/pyelonephritis
Recurrent Congestive Heart Failure – NYHA IV – signs and symptoms include: Yes No

__ Dyspnea at rest   __ Syncope   __ Jugulovenous Distension
__ Dyspnea on exertion   __ Weakness   __ Neck veins distended above the clavicle
__ Orthopnea   __ Chest Pain   __ Rales
__ Paroxysmal nocturnal dyspnea   __ Diaphoresis   __ Gallop rhythm, S3, S4
__ Edema   __ Cachexia   __ Liver Enlargement

Optimal treatment with diuretics and vasodilators: Yes No

Diuretics:
__ Furosemide   __ Torsemide   __ Bumetadine   __ Ethacrynic acid   __ Metolazone

Vasodilators:
__ Benazepril   __ Lisinopril   __ Captopril   __ Quinapril   __ Enalapril   __ Ramipril   __ Fosinopril

Ejection fraction of 20% or less.        Yes No

History of Cardiac Arrest and resuscitation.       Yes No

Persistent symptoms of CHF despite maximal medication treatment.       Yes No

History of unexplained syncope.       Yes No

Symptomatic supraventricular or ventricular arrhythmia, resistant to antiarrhythmic therapy       Yes No

Embolic CVA or cardiogenic embolism.       Yes No

Concomitant HIV disease.       Yes No
END STAGE RENAL DISEASE

Patient is discontinuing or refusing dialysis  
Yes  
No

Patient is not a candidate for a kidney transplant  
Yes  
No

Both must be present:

__ Creatinine clearance of 10cc/min (15cc/min for diabetics)

__ Serum creatinine >8mg/dL (>6mg/dL for diabetics)

Clinical signs and symptoms include:

__ Confusion  
__ Obtundation  
__ Intractable nausea/vomiting

__ Hyperkalemia  
__ Oliguria  
__ Intractable fluid overload

__ Uremic pericarditis  
__ Hepatorenal syndrome

Comorbid conditions in hospitalized patients with acute renal failure that predict early mortality include:

__ Mechanical ventilation  
__ Malignancy  
__ Chronic lung disease

__ Advanced cardiac disease  
__ Sepsis  
__ Advanced liver disease

__ Immunosuppression  
__ Age >75 years  
__ Albumin <2.5gm/dL

__ Gastrointestinal bleeding  
__ Disseminated intravascular coagulation
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<tr>
<th>Condition</th>
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<tr>
<td>Patient is not receiving TPN.</td>
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<tr>
<td>Patient is not receiving AZT.</td>
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<tr>
<td>Patient is not receiving IV medications other than for terminal symptom relief.</td>
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<td>CD4 less than 50mm.</td>
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<td>History of successive opportunistic infections?</td>
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<td>Multiple ER visits or inpatient hospitalizations over the previous six months?</td>
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END STAGE STROKE OR COMA

Patients will be considered to be in the terminal stages of stroke or coma if they meet the following criteria.

STROKE:

1. KPS or PPS of <=40% Yes No

2. Inability to maintain hydration and caloric intake with one of the following: Yes No
   a. Weight loss >10% in the last 6 months or >7.5% in the last three months
   b. Serum albumin <2.5gm/dL. Current history or pulmonary aspiration not responsive to speech language pathology intervention. Sequential calorie counts documenting inadequate caloric/food intake.
   c. Dysphagia severe enough to prevent patient from continuing fluids/foods necessary to sustain life and the patient does not receive artificial nutrition and hydration.

COMA (any etiology):

Coma persistent vegetative state secondary to stroke greater than 3 days. Yes No

Coma or severe obtundation accompanied by severe myoclonus (greater than 3 days past an anoxic event).

Comatose with four of the following on day 3 of coma: Yes No

__ Absent verbal response
__ Absent withdrawal response to pain
__ Age greater than 70 years
__ Serum Creatinine greater than 1.5mg/dL
__ Abnormal brain stem response
__ Dysphagia (severe enough to prevent receiving food and fluids to sustain life)

CHRONIC STROKE PATIENTS: Medical complications include the following:

__ Upper urinary tract infection
__ Refractory state 3-4 decubitus ulcers
__ Aspiration pneumonia
__ Post stroke dementia
__ Fever recurrent after antibiotics
__ Sepsis
END STAGE LIVE DISEASE

Patient is not a candidate for liver transplant. Yes No

Both laboratory indicators must be met:

__ Prothrombin time prolonged more than 5 seconds over control
__ Serum albumin <2.5mg/dL

At least one clinical indicator must be evident:

__ Ascites-refractory to sodium restriction and diuretics: spironolactone 75-100mg/day plus furosemide >40mg/day
__ Spontaneous bacterial peritonitis
__ Hepatorenal syndrome
__ Hepatic encephalopathy – refractory to protein restrictions and lactulose or neomycin
__ Patient non-compliant with prescribed regimen.

Signs and symptoms are as follows:

__ Sleep disturbance __ Depression __ Emotional liability __ Decreased awareness of environment
__ Somnolence __ Stupor __ Obtundation __ Flapping tremor of asterixis
__ Coma __ Slurred speech

Recurrent variceal bleeding: Yes No

The following factors have been shown to worse prognosis

__ Progressive malnutrition __ Hepatocellular carcinoma
__ Muscle wasting __ HbsAg positivity
__ Continued active alcoholism