



**HOSPICE**  
OF SPOKANE

*Qualifying Hospice Guidelines*

ALS  
Cancer  
Dementia  
Heart Disease  
HIV  
Liver Disease  
Pulmonary Disease  
Renal Disease  
Stroke/Coma

***If you have any questions,  
please contact us for assessment.***



## Qualifying Hospice Guidelines

Hospice of Spokane has provided this book to help clinicians determine when a patient may be eligible for hospice services. Patients are eligible for hospice care once a physician certifies that an individual's life expectancy is six months or less if the illness runs its normal course. Patients also need to have a desire to focus their care on comfort and quality of life, rather than curing the disease. Information for these sheets was obtained from CMS.

These guidelines are designed as a tool to help determine prognosis as it relates to making a hospice referral. They are not intended to be used to formulate diagnosis and do not confirm/rule out hospice qualification.

If a patient meets the medical guidelines, they are eligible to receive hospice care. ***Some patients may not meet the medical guidelines, but often do still qualify for hospice care because of other co-morbidities or rapid functional decline.*** It is the physician's judgment when determining the normal course of an illness and a prognosis of six months or less. After the referral, the Hospice of Spokane Medical Director will review the referral, and if he or she concurs, the patient will be admitted.

Hospice of Spokane is committed to providing hospice care to anyone, of any age, with any illness regardless of their ability to pay. To refer a patient to Hospice of Spokane or for information, contact our admissions department at 509.456.0438 or email [info@hospiceofspokane.org](mailto:info@hospiceofspokane.org). Contents of this book contain qualifying information on the following disease areas:

ALS  
Cancer  
Dementia  
Heart Disease  
HIV  
Liver Disease  
Pulmonary Disease  
Renal Disease  
Stroke/Coma

121 South Arthur St. PO Box 2215 Spokane, WA 99210  
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*Support and Care for Terminally Ill Patients and their Families*

# Qualifying Hospice Guidelines for ALS



*Patients are considered eligible for hospice care if they do not elect tracheostomy and invasive ventilation and display evidence of critically impaired respiratory function (with or without use of NIPPV) and/or severe nutritional insufficiency (with or without use of a gastrostomy tube).*

## **Critically impaired respiratory function as defined by:**

1. FVC < 40% (seated or supine) predicted and **2 or more** of the following:
  - Dyspnea at rest
  - Orthopnea
  - Use of accessory respiratory musculature
  - Paradoxical abdominal motion
  - Respiratory rate > 20
  - Reduced speech/vocal volume
  - Weakened cough
  - Symptoms of sleep-disordered breathing
  - Frequent awakening
  - Daytime somnolence/excessive daytime sleepiness
  - Unexplained headaches
  - Unexplained confusion
  - Unexplained anxiety
  - Unexplained nausea
2. If unable to perform the FVC they should manifest 3 or more of the above symptoms/signs

*Severe nutritional insufficiency is defined as: dysphagia with progressive weight loss of at least 5% (with or without election for gastrostomy tube insertion).*

Information obtained from CMS. This sheet is designed as a tool to help determine prognosis as it relates to making a hospice referral. This sheet is not intended to be used to formulate diagnosis and does not confirm/rule out hospice qualification. If the patient meets the factors you may wish to make a referral to Hospice of Spokane. You may do so by calling 509.456.0438 or filling out the online referral form at <http://hospiceofspokane.org/admissions.html>.

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# Qualifying Hospice Guidelines for Cancer



## **Cancer criteria must have Part A or B**

- A. Disease with metastases at presentation  
**Or**
- B. Progression from an earlier stage to metastatic disease with either:
1. Continued decline in spite of therapy; or
  2. Patient declines further disease directed therapy

*Cancers with poor prognosis (small cell lung, brain and pancreatic) may be hospice-eligible without fulfilling the other criteria.*

*Non-disease specific guidelines to be used in conjunction with above criteria (both A and B should be met)*

- A. Decline in Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) <70%

KPS \_\_\_\_\_  
PPS \_\_\_\_\_

- B. Must be dependent in 2 or more of the following ADLs

Feeding	_____	Ambulation	_____	Continence	_____
Transfer	_____	Bathing	_____	Dressing	_____

*Co-Morbidity severity should be considered in determining prognosis for hospice eligibility:*

COPD	_____	CHF	_____	Ischemic heart disease	_____
Diabetes mellitus	_____	Neurologic dx	_____	Renal failure	_____
Liver disease	_____	Neoplasia	_____	AIDS	_____
Dementia	_____	Other	_____	Refractory severe autoimmune disease	_____

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***Karnofsky Status – Pick one value (status of 70% or less required)***

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Moribund / imminent death	10 _____
Very sick / active supportive tx	20 _____
Severely disabled / req close monitoring	30 _____
Disabled / req special care / assistance	40 _____
Req much assistance / freq med care	50 _____
Req occasional assist / self care most ADL	60 _____
Self Care ADL's / limited activity	70 _____
Normal activity with effort / S&S of dx	80 _____
Normal activity / minor S&S of dx	90 _____
No evidence of dx	100 _____

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***Palliative Performance Score – (Poor functional status at or below 70%)***

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Totally bed bound / unable to do any activity; intake: mouth care only; drowsy or coma	10 _____
Totally bed bound / unable to do any activity; intake: minimal to sips; full or drowsy	20 _____
Totally bed bound / unable to do any activity; intake: normal / reduced; full or drowsy	30 _____
Mainly in bed / unable to do most activity mainly assist; intake: normal / reduced; full or drowsy	40 _____
Mainly sit / lie / unable to do any work; considerable assistance req; intake: normal / reduced; full or confusion	50 _____
Activity unable hobby / housework; req occasional assistance; intake: normal / reduced; full consciousness / confusion	60 _____
Unable to do normal job / work; indep. care; intake: normal / reduced; full consciousness	70 _____
Full / normal activity with effort; indep. care; intake: normal; full consciousness	80 _____
Full / normal activity and work; indep. care; intake: normal; full consciousness	90 _____
Full / normal activity and work; indep. care; intake: normal; full consciousness	100 _____

*Karnofsky Status (<70%)* \_\_\_\_\_

*Palliative Performance Score (<70%)* \_\_\_\_\_

# Qualifying Hospice Guidelines for Dementia



*Note: This section is specific for Alzheimer's and related disorders, and is not appropriate for other types of dementia.*

1. Patients with dementia should have **all** of the following to qualify for hospice care:

- |   |   |
|---|---|
| <input type="checkbox"/> Unable to ambulate w/o assistance  | <input type="checkbox"/> Unable to dress w/o assistance                             |
| <input type="checkbox"/> Unable to bathe w/o assistance   | <input type="checkbox"/> Urinary / fecal incontinence<br>(intermittent or constant) |
| <input type="checkbox"/> No consistently meaningful verbal communication. Stereotypical phrases only or <6 intelligible words | <input type="checkbox"/> FAST Score stage 7   |

2. Patients with dementia should have had **one** of the following within the past 12 months:

- Aspiration pneumonia
- Pyelonephritis
- Septicemia
- Multiple decubitus ulcers Stage 3-4
- Recurrent fever after antibiotics
- Inability to maintain sufficient calorie intake w/ 10% wt loss during previous 6 months or serum albumin <2.5 gm/dl

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## ***Reisberg FAST Score – (Stage 7 plus all of the required elements)***

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- |                                      |          |
|--------------------------------------|----------|
| Requires assist dressing             | 6a _____ |
| Requires assist bathing              | 6b _____ |
| Requires assist toileting            | 6c _____ |
| Incontinent of urine                 | 6d _____ |
| Fecal incontinence                   | 6e _____ |
| Speaks <6 intelligible words         | 7a _____ |
| Speaks / repeats 1 intelligible word | 7b _____ |
| Cannot ambulate without assistance   | 7c _____ |
| Cannot sit without assistance        | 7d _____ |
| Loss of ability to smile             | 7e _____ |
| Unable to hold head up independently | 7f _____ |

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**Karnofsky Status – Pick one value (status of 70% or less required)**

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Moribund / imminent death	10 _____
Very sick / active supportive tx	20 _____
Severely disabled / req close monitoring	30 _____
Disabled / req special care / assistance	40 _____
Req much assistance / freq med care	50 _____
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Self Care ADL's / limited activity	70 _____
Normal activity with effort / S&S of dx	80 _____
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No evidence of dx	100 _____

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**Palliative Performance Score – (Poor functional status at or below 70%)**

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Full / normal activity with effort; indep. care; intake: normal; full consciousness	80 _____
Full / normal activity and work; indep. care; intake: normal; full consciousness	90 _____
Full / normal activity and work; indep. care; intake: normal; full consciousness	100 _____

Karnofsky Status (<70%) \_\_\_\_\_

Palliative Performance Score (<70%) \_\_\_\_\_

FAST (if applicable) \_\_\_\_\_

# Qualifying Hospice Guidelines for Heart Disease



## **Heart Disease:**

Data from **both** 1 & 2 should be present to qualify for hospice care

1.  Patient has been optimally treated for heart disease. If not on vasodilator pt has a medical reason for refusing these drugs: (hypotension or renal disease)  
 Patient not a candidate for surgical procedure **OR**  
 Patient declines surgical procedure
2.  Patient should meet criteria for NYHA Class IV. Significant CHF may be documented by an ejection fraction of <20% but not required if not readily available

## **NYHA Functional Class**

- Class IV (Severe) Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.
- Class III (Moderate) Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation or dyspnea (shortness of breath).
- Class II (Mild) Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation or dyspnea.
- Class I (Mild) No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation or dyspnea.

## **Supporting data (not required)**

- Tx resistant symptomatic supraventricular or ventricular arrhythmias
- Hx of cardiac arrest or resuscitation
- Hx of unexplained syncope
- Brain embolism of cardiac origin
- Concomitant HIV disease

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**Karnofsky Status – Pick one value (status of 70% or less required)**

---

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Very sick / active supportive tx	20 _____
Severely disabled / req close monitoring	30 _____
Disabled / req special care / assistance	40 _____
Req much assistance / freq med care	50 _____
Req occasional assist / self care most ADL	60 _____
Self Care ADL's / limited activity	70 _____
Normal activity with effort / S&S of dx	80 _____
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**Palliative Performance Score – (Poor functional status at or below 70%)**

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Mainly sit / lie / unable to do any work; considerable assistance req; intake: normal / reduced; full or confusion	50 _____
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Full / normal activity with effort; indep. care; intake: normal; full consciousness	80 _____
Full / normal activity and work; indep. care; intake: normal; full consciousness	90 _____
Full / normal activity and work; indep. care; intake: normal; full consciousness	100 _____

Karnofsky Status (<70%) \_\_\_\_\_

Palliative Performance Score (<70%) \_\_\_\_\_

# Qualifying Hospice Guidelines for HIV



Terminal stage will be considered if at least lab test plus **one** HIV co-morbidity and a Karnofsky Performance Status (KPS) of less than or equal to 50% (See back for Karnofsky Status).

## Lab Tests:

- CD4+ <25 cells/mcl **OR**
- Persistent viral load >100,000 copies/ml (2 or more assays at least one month apart)

## HIV co-morbidities:

- CNS lymphoma
- Untreated (or persistent despite tx) wasting (loss of at least 10% lean body mass)
- Mycobacterium avium complex (MAC) bacteremia untreated/unresponsive to tx
- Progressive multifocal leukoencephalopathy
- Systemic lymphoma w/ advanced HIV disease & partial response to chemotherapy
- Visceral Kaposi's sarcoma unresponsive to therapy
- Renal failure in the absence of dialysis
- Cryptosporidium infection
- Toxoplasmosis unresponsive to therapy

## Supporting factors for hospice eligibility

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Chronic persistent diarrhea for 1 year | <input type="checkbox"/> | Absence of or resistance to effective antiretroviral, chemotherapeutic and prophylactic drug therapy related to HIV dx | <input type="checkbox"/> |
| Persistent serum albumin <2.5          | <input type="checkbox"/> | Advanced AIDS dementia complex   | <input type="checkbox"/> |
| Concomitant, active substance abuse    | <input type="checkbox"/> | Toxoplasmosis  | <input type="checkbox"/> |
| Age >50 years                          | <input type="checkbox"/> | CHF, symptomatic at rest   | <input type="checkbox"/> |
| Advanced liver disease                 | <input type="checkbox"/> |  |                          |

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**Karnofsky Status – Pick one value (status of 50% or less required)**

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Moribund / imminent death	10 _____
Very sick / active supportive tx	20 _____
Severely disables / req close monitoring	30 _____
Disabled / req special care /assistance	40 _____
Req much assistance / freq med care	50 _____
Req occasional assist / self care most ADL	60 _____
Self Care ADL's / limited activity	70 _____
Normal activity with effort / S&S of dx	80 _____
Normal activity / minor S&S of dx	90 _____
No evidence of dx	100 _____

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**Palliative Performance Score – (Poor functional status at or below 70%)**

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Full / normal activity and work; indep. care; intake: normal; full consciousness	90 _____
Full / normal activity and work; indep. care; intake: normal; full consciousness	100 _____

Karnofsky Status (<70%) \_\_\_\_\_

Palliative Performance Score (<70%) \_\_\_\_\_

# General Hospice Guidelines for Liver Disease



Liver disease: Data from **both** 1 & 2 should be present to qualify for hospice care.

1. Lab tests should have both values:
  - Prothombin time >5 secs over control or INR >1.5
  - Serum Albumin <2.5 gm/dl
2. Should have at least one of the following co-morbidities:
  - Ascites refractory to tx or patient non-compliant
  - Spontaneous bacterial peritonitis
  - Hepatorenal syndrome w/ elevated creatinine and BUN w/ oliguria (<400 ml/day) and urine sodium concentration <10 mEq/l
  - Hepatic encephalopathy / refractory to tx or patient non-compliant
  - Recurrent variceal bleeding despite intensive therapy

Supporting Data (if available)

- |  |   |
|--|---|
| <input type="checkbox"/> Progressive malnutrition            | <input type="checkbox"/> Muscle wasting w/ reduced strength & endurance |
| <input type="checkbox"/> Cont. active alcoholism (>80gm/day) | <input type="checkbox"/> Hepatocellular carcinoma                       |
| <input type="checkbox"/> HBsAG positive (Hepatitis B)        | <input type="checkbox"/> Hep C refractory to interferon therapy         |

Other Co-morbidities: Pick one or more values

- |  |  |   |
|--|--|---|
| COPD <input type="checkbox"/>              | CHF <input type="checkbox"/>           | Ischemic heart disease <input type="checkbox"/> |
| Diabetes mellitus <input type="checkbox"/> | Neurologic dx <input type="checkbox"/> | Renal failure <input type="checkbox"/>          |
| Liver disease <input type="checkbox"/>     | Neoplasia <input type="checkbox"/>     | AIDS <input type="checkbox"/>                   |
| Dementia <input type="checkbox"/>          | Other <input type="checkbox"/>         |   |

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***Karnofsky Status – Pick one value (status of 70% or less required)***

---

Moribund / imminent death	10 _____
Very sick / active supportive tx	20 _____
Severely disabled / req close monitoring	30 _____
Disabled / req special care / assistance	40 _____
Req much assistance / freq med care	50 _____
Req occasional assist / self care most ADL	60 _____
Self Care ADL's / limited activity	70 _____
Normal activity with effort / S&S of dx	80 _____
Normal activity / minor S&S of dx	90 _____
No evidence of dx	100 _____

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***Palliative Performance Score – (Poor functional status at or below 70%)***

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*Karnofsky Status (<70%)* \_\_\_\_\_

*Palliative Performance Score (<70%)* \_\_\_\_\_

# Qualifying Hospice Guidelines for Pulmonary Disease



End-stage pulmonary diseases should have **both** 1 and 2 to qualify for hospice care; 3, 4, and 5 support diagnosis and prognosis of 6 months or less.

1. \_\_\_\_\_ Disabling dyspnea at rest / poorly or unresponsive to bronchodilators resulting in decreased functional capacity (bed to chair existence/fatigue/cough),(FEV1 <30% of predicted - not necessary to obtain)

## AND

\_\_\_\_\_ Progression of end stage pulmonary disease as evidenced by increasing visits to ER or hospitalization for pulmonary infections and/or respiratory failure or increasing MD home visits (decrease in FEV1 >40ml/yr is evidence of disease progression – not necessary to obtain)

2. \_\_\_\_\_ Hypoxemia at rest on room air as evidenced by pO<sub>2</sub> <55mmHg **OR**

\_\_\_\_\_ Oxygen saturation <88% on supplemental O<sub>2</sub> **OR**

\_\_\_\_\_ Hypercapnia as evidenced by pCO<sub>2</sub> >50mmHg within 3 months

3. \_\_\_\_\_ Right Heart Failure (RHF) secondary to pulmonary disease (cor pulmonale)

4. \_\_\_\_\_ Unintentional progressive weight loss >10% of body weight over past 6 months

5. \_\_\_\_\_ Resting tachycardia >100/min

*Non-disease specific guidelines to be used in conjunction with above criteria (both A and B should be met)*

A. Decline in Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) <70% (See back)

KPS \_\_\_\_\_

PPS \_\_\_\_\_

B. Must be dependent in 2 or more of the following ADLs

Transfer \_\_\_\_\_ Bathing \_\_\_\_\_ Dressing \_\_\_\_\_  
Other \_\_\_\_\_

*Co-morbid conditions:*

COPD	_____	CHF	_____	Ischemic heart disease	_____
Diabetes mellitus	_____	Neurologic dx	_____	Renal failure	_____
Liver disease	_____	Neoplasia	_____	AIDS	_____

---

***Karnofsky Status – Pick one value (status of 70% or less required)***

---

Moribund / imminent death	10 _____
Very sick / active supportive tx	20 _____
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Self Care ADL's / limited activity	70 _____
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***Palliative Performance Score – (Poor functional status at or below 70%)***

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*Karnofsky Status (<70%)* \_\_\_\_\_

*Palliative Performance Score (<70%)* \_\_\_\_\_

# Qualifying Hospice Guidelines for Renal Disease



## **Acute Renal Failure:**

1 and **either** 2 or 3 or 4 should be present to qualify for hospice care

### 1. Dialysis:

- Patient seeking neither dialysis nor renal transplantation **OR**
- Discontinuing dialysis

### 2. Creatinine clearance:

- <10 ml/min (<15 ml/min for diabetics) **OR**
- <15 ml/min (<20 ml/min for diabetics) with co-morbidity of CHF

### 3. Serum creatinine >8 mg/dl (>6 mg/dl for diabetics)

### 4. Estimated GFR <10 ml/min

## **Acute Renal Failure – Co-morbid conditions**

- |   |   |
|---|---|
| <input type="checkbox"/> Mechanical ventilation                 | <input type="checkbox"/> Malignancy of other organ system |
| <input type="checkbox"/> Chronic lung disease                   | <input type="checkbox"/> Advanced cardiac disease         |
| <input type="checkbox"/> Advanced liver disease                 | <input type="checkbox"/> Albumin <3.5 gm/dl               |
| <input type="checkbox"/> Immunosuppression / AIDS               | <input type="checkbox"/> Platelet count <25,000           |
| <input type="checkbox"/> Disseminated intravascular coagulation | <input type="checkbox"/> GI bleeding                      |

## **Chronic Kidney Disease:**

1 and **either** 2 or 3 or 4 (see above) should be present to qualify for hospice care

### Supporting Signs and Symptoms of Renal Failure:

- |  |   |
|--|---|
| <input type="checkbox"/> Uremia  | <input type="checkbox"/> Oliguria (<400 ml/24 hrs)                              |
| <input type="checkbox"/> Hyperkalemia (>7.0) not responsive to treatment | <input type="checkbox"/> Uremic pericarditis                                    |
| <input type="checkbox"/> Hepatorenal syndrome                            | <input type="checkbox"/> Intractable fluid overload not responsive to treatment |

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***Karnofsky Status – Pick one value (status 70% or less required)***

---

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No evidence of dx	100 _____

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***Palliative Performance Score – (Poor functional status at or below 70%)***

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*Karnofsky Status (<70%)* \_\_\_\_\_

*Palliative Performance Score (<70%)* \_\_\_\_\_

# Qualifying Hospice Guidelines for Stroke/Coma



## **Stroke:**

1. Decline in Karnofsky Performance Status or Palliative Performance Score of <40%. (See back)

KPS \_\_\_\_\_ PPS \_\_\_\_\_

AND

2. Inability to maintain hydration and caloric intake with one or more of the following:

\_\_\_\_\_ Weight loss >10% in past 6 months or >7.5% in past 3 months

\_\_\_\_\_ Serum albumin <2.5 gm/dl;

\_\_\_\_\_ current history of pulmonary aspiration not responsive to speech language pathology intervention;  
sequential calorie counts documenting inadequate caloric / fluid intake

\_\_\_\_\_ Dysphagia severe enough to prevent patient from continuing fluids/foods necessary to sustain life  
and patient does not receive artificial nutrition and hydration

## **Coma (any etiology):**

1. Comatose patients with any 3 of the following on day three of coma:

\_\_\_\_\_ Abnormal brain response

\_\_\_\_\_ Absent verbal response

\_\_\_\_\_ Absent withdrawal response to pain

\_\_\_\_\_ Serum creatinine >1.5 mg/dl

*2 and 3 are factors which support poor prognosis and hospice eligibility*

2. Documentation of medical complications, in the context of progressive clinical decline, within the past 12 months, would support a terminal prognosis.

\_\_\_\_\_ Aspiration pneumonia

\_\_\_\_\_ Pyelonephritis

\_\_\_\_\_ Refractory stage 3-4 decubitus ulcers

\_\_\_\_\_ Fever recurrent after antibiotics

3. Diagnostic imaging support poor prognosis after stroke include:

a. Non-traumatic hemorrhagic stroke

\_\_\_\_\_ Large-volume hemorrhage on CT

\_\_\_\_\_ Surface area involvement of hemorrhage  
>30% of cerebrum

\_\_\_\_\_ Supratentorial 50ml

\_\_\_\_\_ Infratentorial 20ml

\_\_\_\_\_ Midline shift >1.5cm

\_\_\_\_\_ Ventricular extension of hemorrhage

\_\_\_\_\_ Obstructive hydrocephalus in pt who declines or not a candidate for ventriculoperitoneal shunt

b. Thrombotic/embolic stroke:

\_\_\_\_\_ Large anterior infarcts with both  
cortical & subcortical involvement

\_\_\_\_\_ Large bihemispheric infarcts

\_\_\_\_\_ Basilar artery occlusion

\_\_\_\_\_ Bilateral vertebral artery occlusion

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***Karnofsky Status – Pick one value (status of 70% or less required)***

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Moribund / imminent death	10 _____
Very sick / active supportive tx	20 _____
Severely disabled / req close monitoring	30 _____
Disabled / req special care / assistance	40 _____
Req much assistance / freq med care	50 _____
Req occasional assist / self care most ADL	60 _____
Self Care ADL's / limited activity	70 _____
Normal activity with effort / S&S of dx	80 _____
Normal activity / minor S&S of dx	90 _____
No evidence of dx	100 _____

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***Palliative Performance Score – (Poor functional status at or below 40%)***

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Totally bed bound / unable to do any activity; intake: mouth care only; drowsy or coma	10 _____
Totally bed bound / unable to do any activity; intake: minimal to sips; full or drowsy	20 _____
Totally bed bound / unable to do any activity; intake: normal / reduced; full or drowsy	30 _____
Mainly in bed / unable to do most activity mainly assist; intake: normal / reduced; full or drowsy	40 _____
Mainly sit / lie / unable to do any work; considerable assistance req; intake: normal / reduced; full or confusion	50 _____
Activity unable hobby / housework; req occasional assistance; intake: normal / reduced; full consciousness / confusion	60 _____
Unable to do normal job / work; indep. care; intake: normal / reduced; full consciousness	70 _____
Full / normal activity with effort; indep. care; intake: normal; full consciousness	80 _____
Full / normal activity and work; indep. care; intake: normal; full consciousness	90 _____
Full / normal activity and work; indep. care; intake: normal; full consciousness	100 _____

*Karnofsky Score (<70%)* \_\_\_\_\_

*Palliative Performance Score (<40%)* \_\_\_\_\_

Information obtained from CMS.

This sheet is designed as a tool to help determine prognosis as it relates to making a hospice referral. This sheet is not intended to be used to formulate diagnosis and does not confirm/rule out hospice qualification. If the patient meets the factors you may wish to make a referral to Hospice of Spokane. You may do so by calling 509.456.0438 or filling out the online referral form at <http://hospiceofspokane.org/admissions.html>.