### Guidelines for Determining Prognosis

#### Cancer/ Malignancy

For all patients with a diagnosis of cancer, the following information should be obtained.

1. Diagnosis confirmed through pathology or radiology.
2. Patient is no longer receiving curative treatment.
3. There is evidence of end-stage disease and/or metastasis.
4. Lab/ diagnostic studies have been done recently to support disease progression.

Patients who are continuing to receive palliative radiation therapy or chemotherapy will be evaluated for admission on an individual basis.

#### End-Stage Dementia

- Bedbound or chairbound with safety precautions.
- Unable to communicate effectively with words.
- Markedly decreased appetite and/or intake.
- Co-Morbid conditions (pneumonia, UTI’s, septicemia, pressure ulcers)
- PPS & ADL Scores apply (see below)

#### End-Stage Renal Disease

Patients who do refuse dialysis or transplant are generally appropriate for hospice services if they fit dialysis criteria.

1. Creatinine Clearance of <10cc/min (<15cc/min for diabetics) and serum creatinine >8.0 mg/dl (>6.0 mg/dl for diabetics)
2. Chronic or acute illness that precipitated renal failure.
3. Uremia, confusion, obtundation, intractable n/v, gen pruitis, restless leg, oliguria, intractable hyerkalemia, uremic pericarditis, or fluid overload.
4. PPS & ADL Scores apply (see below)

#### End-Stage Pulmonary Disease

COPD, emphysema, bronchitis, cystic fibrosis, bronchiectasis, pulmonary fibrosis, black lung.

1. No ventilatory support
2. Poor response to multiple pulmonary medications.
3. O2 dependent
4. Disabling dyspnea at rest.
5. O2 saturation < or = 88% on supplemental O2
7. Resting tachycardia >100/min.
8. Hypercapnia (pCO2>50 mmHg)
9. PPS & ADL Scores apply (see below)

#### End-Stage Neurological Disease

(ALS-MS-Parkinson’s)

1. Rapid progression of disease process within the past 12 months
2. Critically impaired ventilatory capacity.
3. Critical nutritional impairment
4. Life-threatening complications.
5. PPS & ADL Scores apply (see below)

Patients who are continuing to receive ventilatory support will be evaluated for admission on an individual basis.

#### End-Stage Cardiac Disease

CHF, COPD, CAD

1. Dyspnea at rest.
2. Multiple Cardiac Medications.
3. Ejection fraction <20%
4. PPS & ADL Scores apply (see below)

#### End-Stage Liver disease

1. Not a candidate for transplantation.
2. PT >5 sec. Over control and Serum albumin < 2.5gm/dl.
3. Ascites, Spontaneous bacterial peritonitis, Hepatorenal syndrome, Hepatic encephalopathy or recurrent variceal bleeding.
4. Decreased awareness.
5. PPS & ADL Scores apply (see below)

#### End-Stage HIV

1. CD4+ < 25 cells/mc/L measured when patient relatively free of acute illness.
2. Viral load > 100,000 copies/ml.
3. Decision to forego antiretroviral and prophylactic medications.
5. PPS & ADL Scores apply (see below)

#### End-Stage Cerebrovascular Disease (Stroke/ Coma)

1. Markedly decreased appetite and/or intake.
2. Chairbound or bedbound
3. Severe obtundation with myoclonus beyond three days.
4. Absent verbal and withdrawal responses.
5. >70 years of age.
6. Coma or persistent vegetative state beyond 3 days.
7. Aspiration pneumonia, pyelonephritis, sepsis, stage 3-4 pressure ulcers.
8. PPS & ADL Scores apply (see below)

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#### Global Geriatric Decline

1. Markedly decreased appetite and/or intake.
2. Progressive unintentional weight loss of 10% or more over past six months.
3. Bedbound or Chairbound.
4. Chronic or acute illness.
5. PPS & ADL Scores apply (see below)

### Palliative Performance Scale (PPS) < or = 50%

- 50% - Requires considerable assistance and frequent medical care
- 40% - Disabled/ Unable to care for self
- 30% - Severely disabled; although death is not imminent
- 20% - Active supportive treatment necessary
- 10% - Moribund; fatal processes progressing rapidly

### ADL Score (should indicate dependence in 3 of 6)

- Bathing
- Dressing
- Feeding
- Transfers
- Continence of urine and stool
- Ambulation to bathroom