

## 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

1. Bedbound or chairbound with safety precautions.
2. Unable to communicate effectively with words.
3. Markedly decreased appetite and/or intake.
4. Co-Morbid conditions (pneumonia, UTI's septicemia, pressure ulcers)
5. 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 hyperkalemia, uremic pericarditis, or fluid overload.
4. 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)

### 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
6. Presence of cor pulmonale.
7. Resting tachycardia >100/min.
8. Hypercapnia (pCO<sub>2</sub>>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 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.
4. Complications of: CNS lymphoma, Progressive multifocal leukoencephalopathy, Cryptosporidiosis, Renal failure, AIDS dementia complex, or Toxoplasmosis.
5. 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)

### 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