**Palliative Performance Scale (PPS)**

**Hospice Eligibility Criteria**

Patient has a terminal illness with a life expectancy of 6 months or less

**CANCER**

Pt meets ALL of the following:
1. Clinical findings of malignancy with widespread, aggressive or progressive disease as evidenced by increasing sx, worsening lab values and/or evidence of metastatic disease
2. PPS <70%
3. Refuses further life-prolonging therapy

**Supporting documentation includes:**
- Hypercalcemia >12
- Cachexia or weight loss > 5% in past 3 months
- Recurrent disease after surgery/radiation/chemo
- Signs/sx of advanced disease (e.g. nausea, requirement for transfusions, malignant ascites or pleural effusion, etc.)

**RENAL FAILURE**

Pt refuses dialysis or renal transplant (or requests to discontinue dialysis)

**Supporting documentation for CRF:**
- Uremia, oliguria (urine output <400cc/24hrs)
- Intractable hyperkalemia (>7), uremic pericarditis, hepatorenal syndrome, intractable fluid overload

**Supporting documentation for ARF:**
- Mechanical ventilation, malignancy (other organ system), chronic lung disease, advanced cardiac disease, advanced liver disease

**DEMENTIA**

Stage 7C or beyond according to FAST Scale

**Functional Assessment Scale (FAST)**

1. No difficulty either subjectively or objectively.
2. Complains of forgetting location of objects. Subjective work difficulties.
3. Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity.
4. Decreased ability to perform complex task, (e.g., planning dinner for guests, handling personal finances, such as forgetting to pay bills, etc.)
5. Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. pt may wear the same clothing repeatedly, unless supervised.)
6. Occasionally or more frequently over the past weeks. * for the following
   - A) Improperly putting on clothes without assistance or cueing .
   - B) Unable to bathe properly ( not able to choose proper water temp)
   - C) Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue)
   - D) Urinary incontinence
   - E) Fecal incontinence
7. A) Ability to speak limited to approximately ≤ 6 intelligible different words in the course of an average day or in the course of an intensive interview.
   - B) Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview
   - C) Ambulatory ability is lost (cannot walk without personal assistance.)
   - D) Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair.)
   - E) Loss of ability to smile.
   - F) Loss of ability to hold up head independently.

*Scored primarily on information obtained from a knowledgeable informant.
HEART DISEASE
CHF NYHA Class IV --> Significant sx's at rest
AND
Inability to carry out minimal physical activity without dyspnea or angina
AND
Optimally treated: diuretics, vasodilators, ACEI, hydralazine, nitrates
OR
Angina at rest, resistant to standard nitrate tx, and either not a candidate for/or declined invasive procedures

Supporting documentation:
EF <20%, treatment resistant symptomatic dysrhythmias
h/o cardiac related syncope, CVA 2/2 cardiac embolism
H/o cardiac resuscitation, concomitant HIV disease

HIV/AIDS
CD4+ <25 OR Viral load >100,000
AND
At least 1: CNS lymphoma, untreated or refractory wasting (loss of >33% lean body mass), MAC bacteremia, PML, systemic lymphoma, visceral ICS, RF on no HD, cryptosporidium infection, refractory toxoplasmosis
AND
PPS <50%

LIVER DISEASE
ESLD as demonstrated by:
PT> 5 sec OR INR > 1.5
AND
Serum albumin <2.5
AND
One or more of the following:
Refractory ascites, h/o SBP, hepatorenal syndrome, refractory hepatic encephalopathy, h/o recurrent variceal bleeding

Supporting Documentation:
Progressive malnutrition, muscle wasting with dec. strength, ongoing alcoholism (>80 gm ethanol/day), hepatocellular CA HBsAg positive, Hep. C refractory to treatment

PULMONARY DISEASE
Patient has ALL of the following:
Disabling dyspnea at rest
Little/no response to bronchodilators
Decreased functional capacity --> bed to chair existence, fatigue, cough
AND
Progression of disease --> recent increasing office, home, ED visits and/or hospitalizations for pulmonary infection and/or respiratory failure
AND
Documentation within past 3 months:
RA hypoxemia at rest (pO2 <55 by ABG) or 02 sat <88% or hypercapnia pCO2 >50

Supporting documentation:
Cor pulmonale and right heart failure, unintentional progressive weight loss

NEUROLOGIC DISEASE:
Chronic degenerative conditions such as ALS, Parkinson's, Muscular Dystrophy, Myasthenia Gravis or Multiple Sclerosis
Critically impaired breathing capacity, with all:
Dyspnea at rest, vital capacity <30%, needs O2 at rest, refuses artificial ventilation
OR
Rapid disease progression with progression from:
Independent ambulation to wheelchair or bed-bound status
Normal to barely intelligible or unintelligible speech
Normal to pureed diet
Independence in most ADLs to needing major assistance in all ADLs
AND
Critical nutritional impairment demonstrated by all of the following in the preceding 12 months:
Oral intake of nutrients/fluids insufficient to sustain life
Continuing weight loss
Dehydration or hypovolemia
Absence of artificial feeding methods
OR
Life-threatening complications in the past 12 months >1:
Recurrent aspiration pneumonia, pyelonephritis, sepsis, recurrent fever, stage 3 or 4 pressure ulcers

STROKE OR COMA
PPS <40%
AND
Poor nutritional status with inability to maintain sufficient fluid and calorie intake with >1 of the following:
>10% weight loss in past 6 months
>7.5% weight loss in past 3 months
Serum albumin <2.5
Current history of pulmonary aspiration without effective response to speech therapy interventions to improve dysphagia and decrease aspiration events

Supporting documentation includes:
Coma (any etiology) with 3 of the following on the 3rd day of coma:
Abnormal brain stem response
Absent verbal responses
Absent withdrawal response to pain
Post anoxic stroke
Serum creatinine > 1.5

***Other Terminal Illness
If pt does not meet any of the above guidelines, pt may still be eligible if documentation strongly supports a prognosis of less than 6 months
ie. Sepsis, Severe limb-threatening ischemia due to PVD

*Adult Failure to Thrive cannot be used as a principal dx

***Inpatient Unit (IPU) - Eligibility
Symptoms that cannot be managed in any other setting (i.e. pt requires IV pain medications/anti-emetics, uncontrolled dyspnea, frequent suctioning, intensive wound care)
Documentation of ongoing IPU eligibility required daily
Intended to be short-term
Imminent death - only if skilled nursing needs
Inpatient facilities ABQ, NM - Kindred Hospice and Presbyterian Hospice