

Palliative Performance Scale (PPS)

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Level of Conscious
100	Full	Normal activity, no evidence of disease	Full	Normal	Full
90	Full	Normal activity, some evidence of disease	Full	Normal	Full
80	Full	Normal activity with effort, some evidence of disease	Full	Normal or reduced	Full
70	Reduced	Unable to do normal work, some evidence of disease	Full	Normal or reduced	Full
60	Reduced	Unable to do hobby or some housework, significant disease	Occasional assist necessary	Normal or reduced	Full or confusion
50	Mainly sit/lie	Unable to do any work, extensive disease	Considerable assistance required	Normal or reduced	Full or confusion
40	Mainly in bed	Unable to do any work, extensive disease	Mainly assistance	Normal or reduced	Full, drowsy, or confusion
30	Totally bed bound	Unable to do any work, extensive disease	Total care	Reduced	Full, drowsy, or confusion
20	Totally bed bound	Unable to do any work, extensive disease	Total care	Minimal sips	Full, drowsy, or confusion
10	Totally bed bound	Unable to do any work, extensive disease	Total care	Mouth care only	Drowsy or coma
0	Death				

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

OR

Continues to decline in spite of definitive therapy

Supporting documentation includes:

Hypercalcemia >12
 Cachexia or weight loss > 5% in past 3 months
 Recurrent disease after surgery/radiation/chemo
 Signs/sxs 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)

AND

Creatinine clearance is <10 (<15 for diabetics)

AND

Serum creatinine >8 (> 6 for diabetics)

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

AND

One or more in the 12 months:

Aspiration pneumonia

Pyelonephritis

Septicemia

Multiple pressure ulcers (stage 3-4)

Recurrent Fever

Inability to maintain sufficient fluid and calorie intake in past 6 months (10% weight loss or albumin <2.5)

Other significant condition that suggests limited prognosis

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.
 Psychopharmacology Bulletin, 1988 24:653-659.

HEART DISEASE

CHF NYHA Class IV --> Significant
sxs 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, cyptosporidium 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 O2 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