Life Care Hospice, Corp.
LCD WORKSHEET
FOR DETERMINING PROGNOSIS
General Guideline – All Diagnoses

The purpose of these worksheets is to guide initial and recertification assessments. It must be accompanied by narrative documentation. These are guidelines only: clinical judgment is required in each case. Construct a narrative from the information on this worksheet and information from the patient's physician and record on back. The patient should be re-evaluated at specific intervals set by the interdisciplinary team. This form may be used for initial and subsequent re-evaluation.

Patient Name: _____ MR # _____ Date: _____

Patient should meet the following criteria:

1. Life limiting condition ---------- ☐ Yes ☐ No
2. Pt / family informed condition is life limiting ---------- ☐ Yes ☐ No
3. Pt / family elected palliative care ---------- ☐ Yes ☐ No
4. Documentation of clinical progression of disease ---------- ☐ Yes ☐ No

Evidence by (check all that apply and secure copies of documentation for hospice record):

_____ Initial physician assessment
_____ Laboratory studies
_____ Radiologic or other studies
_____ Multiple Emergency Dept. visits
_____ Inpatient hospitalizations

and / or

5. Recent decline in functional status ---------- ☐ Yes ☐ No

Evidenced by either:

A. Karnofsky Performance Status ≤ 50% ---------- ☐ Yes ☐ No

Check level:

_____ 100% Normal: no complaints: no evidence of disease
_____ 90% Able to carry on normal activity; minor signs or symptoms of disease
_____ 80% Normal activity with effort; some signs or symptoms of disease
_____ 70% Cares for self; unable to carry on normal activity or to do active work
_____ 60% Requires occasional care for most needs
_____ 50% Requires considerable assistance and frequent medical care
_____ 40% Disabled; requires special care and assistance; Unable to care for self, disease may be progressing rapidly
_____ 30% Severely disabled; although death is not imminent
_____ 20% Very sick; active supportive treatment necessary
_____ 10% Moribund; fatal processes progressing rapidly

and / or

B. Dependent in 3 of 6 Activities of Daily Living ---------- ☐ Yes ☐ No

_____ bathing
_____ dressing
_____ feeding
_____ transfers
_____ continence of urine and stool
_____ ambulation to bathroom

and / or

6. Recent impaired nutritional status---------- ☐ Yes ☐ No

Evidenced by (check all appropriate):

_____ Unintentional, progressive weight loss of 10% over past six months
_____ Serum albumin less than 2.5 gm/dl (may be helpful prognostic indicator but should not be used by itself)

Life Care Hospice, Corp.
LCD NARRATIVE SUMMARY OF PROGNOSIS DOCUMENTATION

Documentation should be complete, consistent, concise, specific, measurable and descriptive.

Patient Name: _____ MR # _____ Date: _____

Certification Date: _____

Primary Terminal Diagnosis: _____

Co-morbidity (Present underlying illness(es) affecting the terminal diagnosis: _____

History and progression of the illness(es): _____

Physical baseline (e.g. weight and weight change, vital signs, heart rhythms, rates, degree of edema): _____

Laboratory (if pertinent): _____

Physician's prognosis stating why there is a life expectancy of 6 months or less (e.g., Patient depressed, will not eat and does not want anything done, or has had optimal therapy for illness): _____

RN Signature Date

Medical Director Signature Date

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LCD WORKSHEET
FOR DETERMINING PROGNOSIS

ADULT FAILURE TO THRIVE/DEBILITY UNSPECIFIED

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Patient's Name: _____ MR# _____ Date: _____

Does the client exhibit Failure to Thrive? ---------- ☐ Yes ☐ No

1. Evidenced by:

_____ Unexplained weight loss of _____ in the last 6 months

_____ Malnutrition or nutritional impairment with BMI < 22 kg/m^2 – Patient's BMI _____

Body Mass Index (BMI (kg/m^2) = 703 times (wt in lbs) divided by (ht in inches) 2 _____

_____ Disability (Karnofsky scale) ≤ 40 % _____

_____ Declined enteral/parenteral nutritional support or has not responded to such nutritional support, despite an adequate caloric intake

_____ Recert – Recumbent mid arm area in cm^2 _____

(substituted for BMI with explanation why BMI not calculated.)

_____

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CANCER

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Patient Name: _____ MR # _____ Date: _____

Does the client exhibit Terminal Cancer? ---------- ☐ Yes ☐ No

1. Evidenced by:

   _____ Malignancy with widespread or aggressive metastasis

   AND

   _____ Patient is not a candidate for, or refuses **curative** therapy (patient may receive palliative therapy to decrease pain or other symptoms and still be eligible for hospice

2. Evidenced by (all must apply)

   _____ Patient has very suspicious, large tumor and refuses definitive diagnosis

   AND

   _____ Patient has declined in functional status

   AND

   _____ Patient has significant, unintentional weight loss

According to the National Hospice and Palliative Care Organization, if the patient meets the above criteria, these findings support the diagnosis of terminal cancer and have an estimated life expectancy of six (6) months or less if the disease runs its normal course.

If the patient does not meet one or more of the above criteria, co-morbidities and other medical complications could still support eligibility for hospice care.

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DEMENTIA

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Patient Name: _____ MR # _____ Date: _____

Both 1 and 2 must be present as evidence of hospice appropriateness

1. Functional Assessment Staging (FASS) Scale at or beyond Stage 7, for Alzheimer's type dementia. Check the appropriate level:

   Patient should be at or beyond Stage 7 of the Functional Assessment Staging Scale. Check all that apply:

   _____ 7A Ability to speak is limited to approximately 6 intelligible words or fewer, in the course of an average day or in the course of an intensive interview.
   _____ 7B Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview (the person may repeat the word over and over).
   _____ 7C Ambulatory ability is lost (cannot walk without personal assistance).
   _____ 7D Cannot sit up without assistance (e.g. patient will fall over if there are not lateral rests (arms) on the chair.
   _____ 7E Loss of ability to smile
   _____ 7F Loss of ability to hold up head independently.

Patient should show **all** of the following characteristics. Check all that apply:
   _____ Inability to ambulate independently (cannot walk without personal assistance)
   _____ Unable to dress without assistance
   _____ Unable to bathe properly
   _____ Incontinence of urine and stool (occasionally or more frequently, over the past weeks as reported by a knowledgeable informant or caregiver)
   _____ Unable to speak or communicate meaningfully (see 7A above)

2. Has the patient had one or more of the following medical complications related to dementia during the past year? ---------- □ Yes □ No
   (conditions should have been severe enough for hospitalization whether or not hospitalization occurred).

   Check all that are appropriate:
   _____ Aspiration pneumonia
   _____ Upper Urinary Tract infection
   _____ Septicemia
   _____ Decubitus ulcers, multiple, stage 3-4
   _____ Fever recurrent after antibiotics
   _____ Inability or unwillingness to take food or fluids sufficient to sustain life; not a candidate for or refusing

feeding tube or parenteral nutrition.

Patient who are receiving tube feeding must have documented impaired nutritional status as indicated by either:
_____ Unintentional, progressive weight loss of greater that 10% over prior 6 months, or
_____ Serum albumin less that 2.5 gm/dl (may be helpful prognostic indicator but should not be used by itself)

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HEART DISEASE

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Patient Name: _____ MR # _____ Date: _____

1. Does the patient have symptoms and signs of congestive heart failure at rest? ----------□ Yes □ No

Symptoms	*Signs*
_____ Dyspnea at rest "short winded", "Can't breathe" _____ Dyspnea on exertion: "Can't breathe with exercise" _____ Orthopnea: " Can't breathe lying down" _____ Paroxysmal nocturnal dyspnea (PND): "Waking up at night short of breath" _____ Edema "Swollen ankles, legs" _____ Syncope _____ Weakness _____ Chest pain	_____ Diaphoresis: sweating _____ Cachexia: profound weight loss _____ Jugulovenous distension (JVD) _____ Neck veins distended above clavicle _____ Rales: wet crackles in lungs heard on inspiration _____ Gallop rhythm: S3, S4 _____ Liver enlargement _____ Edema, pitting edema

2. Has the physician verified that the patient is on optimal diuretic & vasodilator therapy? ----------□ Yes □ No

Diuretics (patient should be on optimal dose of one of the following). Check all that apply:
_____ Furosemide (Lasix)
_____ Bumetanide (Bumex)
_____ Ethacrynic Acid (Edecrin)
_____ Torsemide (Demedex)
_____ Metolazone (Zaroxolyn, Mykros) may be used with the above, but not alone

Vasodilators (patient should be on optimal dose of one of the following. Check all that apply:
A. Nitrates (e.g., Nitro patch, isosorbide) plus Hydralazine
B. Apresoline Angiotensin Converting Enzyme (ACE) inhibitor
_____ Benazepril (Lotensin)
_____ Captopril (Capoten)
_____ Enalapril (Vasotec)
_____ Lisinopril (Prinivil, Zestril)
_____ Quinapril (Accupril)
_____ Ramipril (Altace)

3. Does patient have ejection fraction of ≤ 20% (only if test results available)? ----------□ Yes □ No

4. The following factors are further indications of decreased survival time. Check all that apply:
   _____ Symptomatic supraventricular or ventricular arrhymias resistant to antiarrhythmic therapy
   _____ History of cardiac arrest and resuscitation in any setting
   _____ History of syncope of any cause, cardiac or otherwise
   _____ Cardiogenic brain embolism, i.e. embolic CVA of cardiac origin
   _____ Concomitant HIV disease

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HIV DISEASE

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Patient Name: _____ MR# _____ Date: _____

The following factors combined with the clinical judgment, may help decide whether individual patients are hospice appropriate:

1. CD4 + count
   _____ $\geq$ 50 cell/mc/L: Patient probably has prognosis of $\geq$ 6 months unless there is a non-HIV related co-existing life-threatening disease
   _____ $\leq$ 25 cells/mc/L:
   _____ Measured during a period when patient is relatively free of acute illness
   _____ Observed disease progression and decline in functional status

2. Viral load
   _____ > 100,000 copies/ml: Patient may have a prognosis of less than 6 months
   _____ < 100,000 copies/ml and meet the following criteria:
   _____ Patient has elected to forego antiretroviral and prophylactic medication
   _____ Functional status is declining
   _____ Experiencing complications (see 4 below)

3. Life-threatening complications with median survival (check all that are present):

Complications	*Usual Life Expectancy*
_____ CNS lymphoma	2.5 months
_____ Progressive multifocal leukoenephalopathy	4 months
_____ Crytosporidiosis	5 months
_____ Wasting (loss of 33% lean body mass)	< 6 months
_____ MAC bacteremia, untreated	< 6 months
_____ Visceral Kaposi's sarcoma unresponsive to therapy	6 months mortality 50%
_____ Renal failure, refuses or fails dialysis	< 6 months
_____ AIDS dementia complex	6 months
_____ Toxoplasmosis	6 months

4. The following factors have been shown to decrease survival significantly and should be documented if present:
   _____ Chronic persistent diarrhea for one year, regardless of etiology
   _____ Persistent serum albumin < 2.5 gm/dl
   _____ Concomitant substance abuse
   _____ Age greater than 50
   _____ Absence of or resistance to effective antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease
   _____ Congestive heart failure, symptomatic at rest

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LIVER DISEASE

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Patient Name: _____ MR # _____ Date: _____

The following factors have been shown to correlate with poor short-term survival in advanced cirrhosis of the liver due to alcoholism, hepatitis, or uncertain causes (cryptogenic). Their effects are additive, i.e., prognosis worsens with the addition of each one and clinical judgment is vital. The following factors should be followed and reviewed over time.

1. _____ Patient is not a candidate for liver transplantation
2. Laboratory indicators of severely impaired liver function should show **both** of the following
   _____ Prothrombin time prolonged more than 5 sec. over control or INR > 1.5 International Normalized Ratio
   _____ Serum albumin < 2.5 gm/dl*

3. Clinical indicators of end-stage liver disease (patient should show at least one of the following):
   _____ Ascites
   _____ Refractory to sodium restriction and diuretics: spironolactone 75-150 mg/day plus furosemide >40 mg/dl
   _____ Patient non-compliant
   _____ Spontaneous bacterial peritonitis (median survival 30% at one year; high mortality even with infection cured initially if liver disease is severe or accompanied by renal disease).
   _____ Hepatorenal syndrome (usually occurs during hospitalization; survival generally days to weeks)
   _____ Patient has cirrhosis and ascites
   _____ Elevated creatinine and BUN
   _____ Oliguria 400 ml/dl
   _____ Urine sodium concentration < 10mEq/l
   _____ Hepatic encephalopathy
   _____ Refractory to protein restriction and lactulose or neomycin
   _____ Patient non-compliant

Symptoms	Signs
_____ Decreased awareness of environment	_____ Flapping tremor of asterixis (in earlier stages)
_____ Sleep disturbance	_____ Stupor (late-stage)
_____ Depression	_____ Coma (late-stage)
_____ Emotional lability	
_____ Somnolence	
_____ Slurred speech	
_____ Obtundation	

   _____ Recurrent variceal bleeding; despite therapy which currently includes:
   _____ Injection sclerotherapy or band ligation, if available
   _____ Oral beta blockers

_____ Transjugular intrahepatic portosystemic shut (TIPS)
_____ Patient refused further therapy

4. The following factors have been shown to worsen prognosis and should be documented if present:

_____ Progressive malnutrition
_____ Muscle wasting with reduced strength and endurance
_____ Continued active alcoholism (> 80 gm ethanol /day)
_____ Hepatocellular carcinoma
_____ Positive HBsAg (Hepatitis B)

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PULMONARY DISEASE

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Patient Name: _____ MR # _____ Date: _____

Patient has severe lung disease----------❑Yes ❑No

Evidenced by (Check all that apply)

Symptoms	Signs
_____ Dyspnea at rest _____ Dyspnea on exertion _____ Housebound, chair bound _____ Oxygen–dependent _____ Copious/purulent sputum _____ Recent infections _____ Severe cough	_____ Cyanosis: blue lips, fingertips _____ Pulmonary hyperinflation: barrel-chested _____ Pursed-lip breathing _____ Accessory muscles of respiration _____ Supraclavicular retraction with respiration _____ Increased expiratory phase: slowed forced expiration _____ Diminished breath sounds _____ Depressed diaphragm

_____ Poor response to bronchodilators
_____ Forced expiratory volume in one second (FEV1) after bronchodilator, less than 30% predicted*
_____ Increased visits to Emergency Department
_____ Increased hospitalizations for pulmonary infections/respiratory failure
_____ Decrease in FEV1 on serial testing of greater than 40 ml per year
_____ Presence of cor pulmonale or right heart failure due to lung disease evidenced by:
  _____ Echocardiographic documentation*
  _____ EKG*
  _____ Chest x-rays*
  _____ Physical signs of right heart failure
_____ Hypoxemic at rest on supplemental oxygen
  _____ $pO2 \leq 55$ mm Hg on supplemental O2
  _____ O2 saturation $\leq$ 88 % on supplemental O2
_____ Hypercapnia ($pCO2 \geq 50$ mm Hg)
_____ Unintentional weight loss > 10% of body weight in past six months

_____ Resting tachycardia (heart rate > 100 per minute)

* These tests are helpful evidence but should not be required if not readily available

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RENAL DISEASE

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Patient Name: _____ MR # _____ Date: _____

Absent other comorbid conditions, the patient should not be seeking dialysis. Patients who do refuse dialysis or renal transplant or is discontinue dialysis are generally appropriate for hospice services.

1. Laboratory criteria for renal failure (both must be present)
   _____ Creatinine clearance of <10 cc/min (<15cc/min for diabetics), and
   _____ Serum creatinine >8.0 mg/dl (>6 mg/dl for diabetics)

   NOTE: Creatinine clearance may be estimated by using the following formula:
   Ccreat = $\frac{(140 - \text{age in years})\,(\text{body wt in kg})}{(72)\,(\text{serum creat in mg/dl})}$ multiply by 0.85 for women

2. Clinical signs and symptoms associated with renal failure (check all which are present):
   _____ Uremia: clinical signs of renal failure:
   _____ Confusion, obtundation
   _____ Intractable nausea and vomiting
   _____ Generalized pruritis
   _____ Restlessness, "restless legs"
   _____ Oliguria: urine output < 400 ml/24 hrs
   _____ Intractable hyperkalemia: persistent serum potassium > 7.0 not responsive to medical management
   _____ Uremic pericarditis
   _____ Hepatorenal syndrome
   _____ Intractable fluid overload not responsive to treatment
3. In hospitalized patients with ARF, these comorbid conditions predict early mortality (check all that apply for this patient):
   _____ Mechanical ventilation
   _____ Malignancy – other organ systems
   _____ Chronic lung disease
   _____ Advanced cardiac disease

_____ Advanced liver disease
_____ Sepsis
_____ Immunosuppression / AIDS
_____ Albumin < 3.5 gm/dl
_____ Cachexia
_____ Platelet count < 25,000
_____ Age > 75
_____ Disseminated intravascular coagulation
_____ Gastrointestinal bleeding

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STROKE AND COMA

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Patient Name: _____ MR # _____ Date: _____

After stroke, patients who do not die during the acute hospitalization tend to stabilize with supportive care only. Continuous decline in clinical or functional status over time means that the patient's prognosis is poor.

1. Acute phase patients. Immediately following a hemorrhagic or ischemic stroke, any of the following are strong indicators of early mortality.
   - _____ Coma or persistent vegetative state secondary to stroke, beyond three days' duration
   - _____ In post-anoxic stroke, coma or severe obtundation, accompanied by severe myoclonus, persistent beyond 3 days past the anoxic event
   - _____ Comatose patients with any 4 of the following on day 3 of coma had 97% mortality by two months:
     - _____ Abnormal brain stem response
     - _____ Absent verbal response
     - _____ Absent withdrawal response to pain
     - _____ Serum creatinine > 1.5 mg/dl
     - _____ Age > 70
   - _____ Dysphagia severe enough to prevent the patient from receiving food and fluids necessary to sustain life. In a patient who declines or is not a candicate for artificial nutrition and hydration
   - _____ If available, CT or MRI scans may indicate decreased likelihood of survival

2. Chronic phase patients. The following clinical factors may correlate with poor survival and should be documented.
   - _____ Age > 70
   - _____ Poor functional status as evidenced by Karnofsky score of < 50%
     - _____ 50% Requires considerable assistance and frequent medical care
     - _____ 40% Disabled: requires special care and assistance, unable to care for self: required equivalent of institutional or hospital care: disease may be progressing rapidly
     - _____ 30% Severely disabled: hospital admission is indicated although death is not imminent
     - _____ 20% Very sick; hospital admission necessary; active supportive treatment necessary
     - _____ 10% Moribund; fatal processes progressing rapidly
   - _____ Post stroke dementia as evidenced by FASS score greater than 7
     - _____ 7A Ability to speak is limited to approximately 6 intelligible words or fewer, in the course of an average day or in the course of an intensive interview
     - _____ 7B Speech ability is limited to the use of a single intelligible word in an average day or in the course of an

intensive interview (the person may repeat the word over and over)

_____ 7C ambulatory ability is lost (cannot walk without personal assistance)

_____ 7D Cannot sit up without assistance (e.g., patient will fall over if there are not lateral rests (arms on the chair)

_____ 7E Loss of ability to smile

_____ 7F Loss of ability to hold up head independently

_____ Poor nutritional status, whether on artificial nutrition or not;

_____ Unintentional progressive weight loss of greater than 10% over prior six months

_____ Serum albumin less than 2.5 gm/dl (may be helpful prognostic indicator but should not be used by itself)

_____ Medical complications related to debility and progress clinical decline

_____ Aspiration pneumonia

_____ Upper urinary tract infection (pyelonephritis)

_____ Sepsis

_____ Refractory stage 3-4 decubitus ulcers

_____ Fever recurrent after antibiotics