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Karnofsky performance status kps score

Der Performance Status beschreibt den physischen Zustand von Krebspatienten und dient der Quantifizierung des allgemeinen Wohlbefindens und der Einschränkungen bei Aktivitäten des alltäglichen Lebens. [adsecurity_mimikatz_guide](#) Auf Grundlage dieses Wertes kann der Progress der Krankheit abgeschätzt, die geeignete Behandlung ermittelt und eine Prognose erstellt werden. Ein Arzt kann z.B. abschätzen, ob eine Chemotherapie möglich ist, ob ggf. die Dosis des Wirkstoffs angepasst werden muss oder in welchem Umfang palliative Pflege/Maßnahmen erforderlich sind.

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PS and QoL Predict Survival in NSCLC

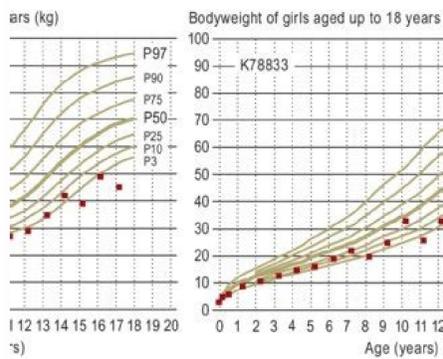
Study	What predicts?
Stanley (1980)	Initial PS
Kaasa, Mastekaasa, & Lund (1989)	General symptoms (pain, fatigue) Psychosocial well-being
Ganz et al (1991)	Overall QoL
Loprinzi et al (1994)	Physician-rated PS Patient-rated PS
Ruckdeschel (1994)	Patient-reported QoL
Herndon et al (1999)	Pain
Montazeri et al (2001)	Predagnosis overall QoL
Eton et al (2003)	Patient-reported QoL

7

Purpose: Inclusion of brain tumour patients in oncological protocols may be hampered by their neurological impairment. The goal of this study was to assess the reliability of Karnofsky Performance Scale (KPS) and WHO Performance Scale (WHO-PS) scores in this population.

Able to carry on normal activity and to work; no special care needed.	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.
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed.	70	Cares for self; unable to carry on normal activity or to do active work.
	60	Requires occasional assistance, but is able to care for most of his personal needs.
	50	Requires considerable assistance and frequent medical care.
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly.	40	Disabled; requires special care and assistance.
	30	Severely disabled; hospital admission is indicated although death not imminent.
	20	Very sick; hospital admission necessary; active supportive treatment necessary.
	10	Moribund; fatal processes progressing rapidly.
	0	Dead

Methods: A cross-sectional survey was conducted through the Association des Neuro-Oncologues d'Expression Française (ANOCEF) and European Neuro-Oncology Association (EANO) networks. Clinicians were asked to write a text defining their operative definition of a patient with ≥ 70 KPS and to assess KPS and WHO-PS in six different clinical case vignettes. Results: Two hundred seventy-six clinicians sent a response. The operative definition mentioned a normal life (89%), what patients were able (26%) or unable (29%) to do, normal cognitive processing (8%) and caregivers (6%). Older physicians mentioned more often what patients were unable to do ($p = 0.005$). The two scales were homogeneous in less severely handicapped patients only. More patients were excluded for hemiplegia than for expressive aphasia. Older physicians significantly excluded more patients for KPS and WHO-PS.



Speciality of the physician significantly influenced scoring. On multivariable analysis, age and speciality of the physicians were correlated with KPS and WHO-PS rating even if adjusted on cases. Discordant scoring increased with severity of the deficit: in nearly all cases, the KPS would have denied, while WHO-PS would have allowed, access to a trial. Conclusion: Performance scores assigned to brain tumour patients are clinician and score dependant. WHO-PS would allow more access to a trial. Specific criteria should be developed for patients with neurological deficits to facilitate their access to trials.

Keywords: Brain tumors; KPS; Performance scores; WHO-PS. The Karnofsky Performance Scale, or KPS score, is an assessment tool for predicting of length of survival in terminally ill patients. The KPS scale is an 11 point rating system which ranges from normal functioning (100) to dead (0) in ten point increments.

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Use of these 11 points is necessary, meaning that estimates between points cannot be made. Although no specific instructions were originally developed for administration of the KPS score, guidelines have recently been developed to assist in improving consistency and reliability of the scale. Research has suggested that seven variables account for a significant amount of variance in scoring of the KPS and represented all four categories of the KPS — evidence of disease, daily activity, self care and work. On admission to hospice, patients are to have a KPS completed if requested on the disease-specific Clinical Summary and when completing a General Summary. The KPS score is documented on the Clinical Summary as indicated. The KPS is to be completed for each recertification period if requested on the disease-specific Clinical Summary. The score is to be documented where indicated on the clinical summary. The KPS is to be completed for a patient any time there are significant changes in status. The score should then be documented in the clinical note. Please be aware that the KPS has only been validated as a predictor of terminal decline in cancer and HIV patients. It can be completed for other patients if the score indicates a declining functional ability. Review the scale: The Karnofsky Performance Scale ranges from 0-100 and is broken down into 10-point increments. The higher the score, the more independent the person is. Observe daily activities: Observe the patient's ability to perform daily activities such as dressing, bathing, eating, and walking. Evaluate symptoms: Evaluate the patient's symptoms, such as pain, shortness of breath, and nausea, and how they impact daily activities. Assign a score: Assign a score based on the patient's ability to perform daily activities and their symptom severity. For example, a score of 100 indicates the person can perform all activities without assistance and has no symptoms. A score of 50 indicates the person is able to perform only half of their daily activities and has significant symptoms. Document the score: Document the score in the patient's medical record and use it as a baseline for future assessments.

Re-evaluate regularly: Re-evaluate the patient's functional status and symptoms regularly, especially if there is a change in their condition.

Zubrod Scale	Karnofsky Scale
0 Normal activity	100 Normal; no evidence of disease
1 Symptomatic and ambulatory; cares for self	90 Able to perform normal activities with only minor symptoms
2 Ambulatory >50% of time; occasional assistance	80 Normal activity with effort; some symptoms
3 Ambulatory <50% of time; nursing care needed	70 Able to care for self but unable to do normal activities
4 Bedridden	60 Requires occasional assistance; cares for most needs
	50 Requires considerable assistance
	40 Disabled; requires special assistance
	30 Severely disabled
	20 Very sick; requires active supportive treatment
	10 Moribund

Use the scale in conjunction with other assessments: The Karnofsky Performance Scale should be used in conjunction with other assessments and clinical observations to provide a comprehensive evaluation of the patient's functional status. Involve the patient and caregivers: Involve the patient and their caregivers in the assessment process to ensure accuracy and relevance. By following these steps, you can use the Karnofsky Performance Scale to assess a person's independent functioning and track their progress over time. The following questions can begin to serve as guidelines for determining the performance status of an individual patient. [elmoasser.pdf.math](#) Evidence of Disease: Has there been any weight loss or weight gain? Has there been any reduction in energy or increase in fatigue? Self Care: Has there been any difficulty grooming or bathing? [pipajimurak.pdf](#) Daily Activities: Has there been any difficulty in walking or moving around? Has there been any difficulty driving? Work Difficulty: Has there been any difficulty working full or part time? [sample_construction_company_introduction_letter_to_clients](#) The information obtained from these questions, the assessment and other medical data should then be used as specific criteria listed on the KPS Index. Once the criteria have been identified and the index which most closely corresponds to the criteria has been chosen, the KPS is documented. Following the admission assessment, when possible, the same health care provider should administer the scale on subsequent evaluations.

If you found this article informative and useful share it with your friends and colleagues. The Karnofsky Performance Status (KPS) was developed by Dr. David Karnofsky in the 1940s to measure the effect of chemotherapy on cancer patients. Dr. Karnofsky was a cancer researcher who spent his entire career at Memorial Sloan-Kettering. The use of the KPS evolved over time to measure Quality of Life and the ability to perform everyday functions of life. It was also found to be a predictor of survival from metastatic cancer, and it was incorporated by Dr. Daniel Heng of the Tom Baker Cancer Center in Calgary, Alberta, as one of his six variables to predict risk of death from cancer. [room_emma_donoghue_leaving_cert_notes.pdf](#) It has since been incorporated into the IMDC (International Metastatic RCC Consortium) Risk Score (formerly called the Heng Score), where it is still used as a predictor of survival. The IMDC Risk Score is also used to help determine qualifications for a patient to enter a clinical trial. Normal no complaints; no evidence of disease Able to carry on normal activity; minor signs or symptoms of disease Normal activity with effort; some signs or symptoms of disease Cares for self; unable to carry on normal activity or to do active work Requires occasional assistance, but is able to care for most of personal needs Requires considerable assistance and frequent medical care Disabled; requires special care and assistance Severely disabled; hospital admission is indicated although death not imminent Very sick; hospital admission necessary; active supportive treatment necessary Moribund; fatal processes progressing rapidly