

**Heart disease CHF**

- Optimally treated for heart disease or is not a candidate for a surgical procedure
- NYHA Class 4, physical discomfort with any activity

**Pulmonary Disease - COPD**

- Dyspnea at rest
- Poor response to bronchodilators
- Recurrent pulmonary infections
- Right heart failure
- Unintentional weight loss
- Tachycardia at rest
- FVC<40% of predicted value (if known)

**Renal disease**

- The patient is not seeking dialysis or renal transplant or is discontinuing dialysis
- Creatinine clearance GFR <15ml/min
- Serum creatinine >8.0 mg/dl (>6.0 mg/dl for diabetics)
- Signs and symptoms of renal failure

**Dementia**

- Unable to walk without assistance
- Urinary and fecal incontinence (intermittent or constant)
- No consistently meaningful verbal communication
- Unable to dress without assistance
- Unable to bathe without assistance
- Unintentional weight loss of 10% in last 6 months
- Serious infections requiring hospitalization in the past 6 months
- Stage 7 or beyond according to the Functional Assessment Stage Scale
- Decubitus Ulcers stage 3 or 4

**Myotrophic Lateral Sclerosis**

- Dyspnea at rest
- Difficulty swallowing
- Nutritional impairment
- Continuing weight loss
- Within the past 12 months - history of aspiration pneumonia or pyelonephritis or decubiti

**HIV/AIDS**

- Not a candidate or declines treatment with retroviral therapy
- CD4 count of 100,000/ml
- PPS - 50% or less
- Wasting syndrome
- Other life threatening complications
- In addition to CD4 count and PPS, one of the following AIDS defining conditions (i.e., MAC, CNS Lymphoma, Kaposi's Sarcoma) *please note this is not a comprehensive list*

**Cancer**

- Distant metastasis at presentation
- Progression of disease to metastatic disease with continued decline in spite of treatment
- Refuses treatment

**Liver Disease, End-stage**

- Prothrombin time >5 sec over control, or INR <1.5 and serum albumin <2.5 g/dl
- Ascites despite maximum treatment or Peritonitis or Hepatorenal syndrome or Hepatic encephalopathy or recurrent variceal bleeding

**Coma**

- Coma or persistent vegetative state for more than 3 days
- Inability to maintain fluid / caloric intake to sustain life

**Stroke**

- PPS <40%
- Inability to maintain hydration and caloric intake with one of the following:
  - Weight loss >10% in the last 6 months or >7.5% in the last 3 months
  - Serum albumin <2.5 gm/dl
  - Current history of pulmonary aspiration
  - Inadequate caloric/fluid intake
  - Dysphagia

**Core Indicators**

- Physical/functional decline
- Weight Loss >10% in last six months
- Multiple comorbidities
- Falls

Karnofsky Performance Scale	%	Palliative Performance Scale
Normal, no complaints, no evidence of disease.	<b>100</b>	Full: Normal activity & work, no evidence of disease.
Able to carry on normal activity, minor signs or symptoms of disease.	<b>90</b>	Full: Normal activity & work, some evidence of disease.
Normal activity with effort, some signs or symptoms of disease.	<b>80</b>	Full: Normal activity with effort, some evidence of disease.
Cares for self, unable to carry on normal activity or active work.	<b>70</b>	Reduced: Unable to do normal job/work, significant disease.
Requires occasional assistance; able to care for most of own needs.	<b>60</b>	Reduced: Unable to do hobby/housework, significant disease.
Requires considerable assistance and frequent medical care.	<b>50</b>	Mainly sit/lie: Unable to do any work, extensive disease.
Disabled, requires special care and assistance.	<b>40</b>	Mainly in bed: Unable to do most activity, extensive disease. Normal or reduced oral intake.
Severely disabled, hospitalization indicated although death not imminent.	<b>30</b>	Totally bed bound: Unable to do any activity, extensive disease, reduced oral intake.
Very sick, hospitalization necessary, active supportive treatment necessary.	<b>20</b>	Totally bed bound: Unable to do any activity, extensive disease, minimal oral intake.
Moribund, fatal processes progressing rapidly.	<b>10</b>	Unable to do any activity, extensive disease, minimal or no oral intake, mouth care for comfort.

This scale allows patients to be classified as to their functional decline. It can be used to compare effectiveness of different therapies or to assess the prognosis in individual patients. **If a patient score is 50 or less, he or she might be eligible for hospice services.**