CALL US if a patient exhibits ONE or MORE of the following indicators: (301) 921-4400

Heart Disease - CHF

- NYHA Class IV; discomfort with any physical activity
- Symptomatic despite maximal medical management with diuretics and vasodilators
- Arrhythmias resistant to treatment
- Ejection fraction < 20% (if results available)

Pulmonary Disease-COPD

- Dyspnea at rest
- Poor response to bronchodilators
- Recurrent pulmonary infections
- Right heart failure
- Unintentional weight loss
- Bed to chair existence

Renal Disease

- Not pursuing dialysis, nor renal transplant or discontinuing dialysis
- Signs of uremia (confusion, nausea, pruritis)
- Pericarditis
- Intractable fluid overload
- Hepatorenal Syndrome
- Oliguria <400cc/24 hrs
- Creatinine Clearance <10cc/min (<15cc/min in diabetics) and serum creat > 8.0
- Hyperkalemia >7.0 mEq/L
- Albumin < 3.5

Dementia

- FAST Score stage 7
- Unable to walk without assistance
- Urinary and fecal incontinence (intermittant or constant)
- No consistently meaningful verbal communication
- Unable to dress without assistance
- Unable to bathe without assistance
- Within the past 12 months history of aspiration pneumonia or pyelonephritis, sepsis or decubiti
- Unintentional weight loss of 10% in last 6 months

<u>Amyotrophic Lateral</u> Sclerosis (ALS)

- 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 for retroviral therapy
- CD4<25/ml OR Viral load >100,000/ml
- PPS 50% or less
- Wasting syndrome
- Other life threatening complications

Cancer

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

<u>Liver Disease, Endstage</u>

- Prothrombin time >5 sec over control and
- Serum albumin <2.5g/dl and
- Ascites despite maximum treatment or
- Peritonitis or
- Hepatorenal syndrome or
- Hepatic encephalopathy or
- Recurrent variceal bleeding

CVA and Coma

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

CORE INDICATORS

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



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

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