

WORKSHEET FOR DETERMINING PROGNOSIS



Heart Disease

The purpose of this worksheet is to guide initial and recertification assessments. This is a guide only; clinical judgment is required in each case. This worksheet is completed and signed by the RN and attached to a completed Admission/Recertification Evaluation form. After reviewing the completed paperwork, the Medical Director will sign the Admission/Recert Evaluation form and Recertification form for hospice eligible clients.

Client Name: _____ Medical Record Number: _____ Date: _____

The patient must have 1 or 2 and 3.

1. Poor response to (or patient's choice is not to pursue) optimal treatment with diuretics, vasodilators, and/or angiotensin converting enzyme (ACE) inhibitor

OR

2. The patient has angina pectoris at rest resistant to standard nitrate therapy and is not a candidate for invasive procedures and/or has declined revascularization procedures

AND

3. New York Heart Association (NYHA)* Class IV symptoms with both of the following:
**See appendix 1 for New York Heart Association (NYHA) Functional Classification*
 - The presence of significant symptoms of recurrent Congestive Heart Failure (CHF) and/or angina at rest
 - Inability to carry out even minimal physical activity with symptoms of heart failure (dyspnea and/or angina)

Supporting evidence for hospice eligibility:

- ____ Echo demonstrating an ejection fraction of 20% or less
- ____ Treatment resistant symptomatic dysrhythmias
- ____ History of unexplained or cardiac related syncope
- ____ CVA secondary to cardiac embolism
- ____ History of cardiac arrest or resuscitation
- ____ Concomitant HIV disease.
- ____ Wt loss history last 6 months: _____
- ____ Systolic b/p less than 90 or progressive postural hypotension
- ____ BMI below 22 kg/22m² within last 6 months: (dates) _____
- ____ Decreasing arm circumference _____

Examples of Diuretics, Vasodilators, (ACE) inhibitors:

Diuretics Check all that apply.

- ____ Furosemide (Lasix)
- ____ Bumetanide (Bumex)
- ____ Metolazone (Zarloxlyn, Mykrox – may be combined with above, but not used alone.)
- ____ Ethacrynic Acid (Edecrin)
- ____ Torsemide (Demex)

Vasodilators Check all that apply.

- A. Nitrates (e.g., Nitro patch, Isosorbide) plus Hydralazine _____
- B. Apresoline Angiotensin Converting Enzyme (ACE) Inhibitor:
 - ____ Benazepril (Lotensin)
 - ____ Lisinopril (Prinivil, Zestril)
 - ____ Captopril (Capoten)
 - ____ Quinapril (Accupril)
 - ____ Enalapril (Vasotec)
 - ____ Ramipril (Altace)

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Signs and Symptoms of NYHA Class IV disease:

Check all that apply:

Symptoms	Signs
<input type="checkbox"/> Dyspnea at rest: "short winded," "can't breathe."	<input type="checkbox"/> Diaphoresis: Sweating.
<input type="checkbox"/> Dyspnea on exertion: "Can't breathe with exercise."	<input type="checkbox"/> Cachexia: Profound weight loss.
<input type="checkbox"/> Orthopnea: "Can't breathe lying down."	<input type="checkbox"/> Jugulovenous Distension (JVD).
<input type="checkbox"/> Paroxysmal nocturnal Dyspnea (PND): "Waking up at night short of breath."	<input type="checkbox"/> Neck veins distended above clavicle.
<input type="checkbox"/> Edema: "Swollen ankles, legs."	<input type="checkbox"/> Rales: Wet crackles in lungs heard on inspiration.
<input type="checkbox"/> Syncope.	<input type="checkbox"/> Resting tachycardia > 100/min
<input type="checkbox"/> Weakness.	<input type="checkbox"/> Liver enlargement.
<input type="checkbox"/> Chest Pain.	<input type="checkbox"/> Edema, pitting edema.

Co-morbidities/Secondary Conditions that support hospice diagnosis:

Comments:

Person completing form

signature _____ Date: _____

RN

signature _____ Date: _____

Md. Signature _____

Date: _____