

WORKSHEET FOR DETERMINING PROGNOSIS



Dementia/Alzheimer's

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: _____

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

1. Stage VII or beyond according to the Functional Assessment Staging Scale (FAST) with all of the following: *(See appendix for functional assessment staging scale)*

- Ability to speak limited to approximately a half a dozen intelligible different words or fewer, in the course of an average day or in the course of an intensive interview
- 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)
- Ambulatory ability is lost (cannot walk without personal assistance)
- Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair)
- Loss of ability to smile
- Loss of ability to hold head up independently

AND

2. Has had at least one of the following conditions within the past 12 months:

- Aspiration pneumonia
- Pyelonephritis or other upper urinary tract infection
- Septicemia
- Decubitus ulcers, Multiple and/or Stage 3-4
- Fever, recurrent after antibiotics
- Inability to maintain sufficient fluid and caloric intake demonstrated by either of the following:
 - a. 10% weight loss during the previous 6 months
 - b. Serum albumin < 2.5 gm/dl

Other supportive findings include:

(Check all that are appropriate)

- Difficulty swallowing
- History of wt loss; dates: _____
- BMI below 22kg/m² within past 6 months. Dates _____
- Arm circumference: _____
- Systolic b/p less than 90 or progressive postural hypotension
- Karnofsky performance status of 70% or below
- Palliative Performance Scale of 70% or below
- Dependent in 2 out of 6 activities of daily living

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Co-morbid Conditions:

The significance of a given comorbid condition is best described by defining the structural/functional impairments – together with any limitation in activity – related to the comorbid condition. For example a beneficiary with Alzheimer’s Disease and clinically significant CHF or COPD would have specific impairments of cardiorespiratory function (e.g., dyspnea, wheezing, chest pain) which may or may not respond/be amenable to treatment. The identified impairments in cardiorespiratory function would be associated with both specific structural impairments of the coronary arteries or bronchial tree and may be associated with activity limitations (e.g., mobility, self-care). Ultimately, the combined effects of the Alzheimer’s Disease (stage 7) and any comorbid condition should be such that most beneficiaries with Alzheimer’s Disease and similar impairments would have a prognosis of six months or less.

Co-morbidities/Secondary Conditions that support hospice diagnosis:

Comments:

Person completing form signature _____ Date: _____

RN signature _____ Date: _____

Md. Signature _____ Date: _____