WORKSHEET FOR DETERMINING PROGNOSIS

Liver 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 both 1 and 2

1. Synthetic failure as demonstrated by a or b and c
   □ a. Prothrombin time prolonged (PTT) prolonged more than 5 sec. over control.
   Or
   □ b. International Normalized Ratio (INR) >1.5
   And
   □ c. Serum albumin < 2.5 gm/dl

   And

2. End-stage liver disease is present, if the patient has one or more of the following conditions:
   □ Ascites, refractory to treatment or patient declines or is non-compliant
   □ History of spontaneous bacterial peritonitis
   □ Hepatorenal syndrome evidenced by:
     □ elevated creatinine
     □ oliguira <400 ml/day
   □ Hepatic encephalopathy refractory to treatment or patient non-compliant.
   □ History of recurrent variceal bleeding despite intensive therapy or patient declines therapy

3. Other supportive findings:
   □ progressive malnutrition as evidenced by wt loss in last 6months:
   Dates:_________________________________________________________________________________
   □ muscle wasting with reduced strength and endurance
   □ continued active alcoholism (> 80 g ethanol per day)
   □ hepatocellular carcinoma
   □ HBsAg positivity
   □ arm circumference:_________________________________________________________________
   □ BMI below 22kg/m2 within last 6 months. Dates:________________________________________
   □ systolic b/p of less than 90 or progressive postural hypotension: Dates:_____________________
   □ Hepatitis C refractory to interferon treatment

*Patients awaiting liver transplant who otherwise fit the above criteria may be certified for the Medicare hospice benefit, but if a donor organ is procured, the patient must be discharged from hospice.
NARRATIVE SUMMARY OF PROGNOSIS DOCUMENTATION

Documentation should be complete, consistent, concise, specific, measurable, and descriptive.

Co-morbidities/secondary conditions that support hospice diagnosis

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Comments:

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Person completing form signature __________________________ Date: ____________

RN signature ____________________________________________ Date: ____________

Md. Signature ____________________________________________ Date: ____________

w/adm/forms/LCD screening wrksht/liver/7-2010