

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
 - oliguria <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.

