

WORKSHEET FOR DETERMINING PROGNOSIS



Pulmonary 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 has severe chronic lung disease as documented by 1, 2, and 3.

1a. Disabling dyspnea at rest (labored breathing at rest)

An FEV1 <30% is objective evidence for disabling dyspnea but is not required

1b. Poor response to bronchodilators

1c. Decreased functional capacity (e.g., bed to chair existence, fatigue and cough)

And

2. Progression of disease as evidenced by a recent history of increased visits to M.D. office, home or emergency room and/or hospitalizations for pulmonary infections and/or respiratory failure

And

3. Documentation with the past three months of: a or b or both

a. Hypoxemia at rest on room air

_____ pO₂, \leq 55 mm Hg on room air. _____

_____ O₂ saturation \leq 88% on room air. _____

b. Hypercapnia

_____ Hypercapnia (pCO₂ \geq 50 mm Hg). _____

Other supportive findings:

- Unintentional weight loss > 10% of body weight in past six months.
Dates of wts. _____
- BMI below 22 kg/m² within past 6 months. Dates _____
- Arm circumference decreased _____
- Systolic b/p less than 90 or progressive postural hypotension
- Decrease in FEV1 on serial testing of greater than 40ml per year.*
- Resting Tachycardia (Heart rate > 100 per minute).
- Presence right heart failure due to lung disease evidenced by:
_____ Echocardiographic documentation _____
_____ EKG _____
_____ Chest X-Ray _____
- Dependence on others for 4 out of 6 Activities of Daily Living

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* Helpful secondary conditions but should not be required if not readily available.

_____ Delirium as evidenced by: _____
_____ Pneumonia as evidenced by: _____
_____ Stasis ulcers as evidenced by: _____
_____ Pressure ulcers as evidenced by: _____

NARRATIVE SUMMARY OF PROGNOSIS DOCUMENTATION

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

Co-morbidities/secondary conditions that support hospice diagnosis _____

Comments: _____

Person completing form signature _____ Date: _____

RN signature _____ Date: _____

Md. Signature _____ Date: _____