

## WORKSHEET FOR DETERMINING PROGNOSIS



### Renal 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 and either 2 or 3

1. The patient should not be seeking dialysis or renal transplant.

and

2. Creatinine clearance < 10 cc/min (<15cc/min for diabetics)

*NOTE: Creatinine clearance may be estimated by using the following formula:*

$$\text{Creat Clearance} = \frac{(140 - \text{age in yrs.}) \times (\text{body wt. in kg}) (\text{multiply by } 0.85 \text{ for women})}{72 \times (\text{serum creat in mg/dl})}$$

or

3. Serum creatinine > 8.0mg/dl (>6.0 mg/dl for diabetics)

#### Other supportive findings:

Clinical signs and syndromes associated with renal failure (*check all which are present*):

- uremia with clinical signs of renal failure:
  - confusion, obtundation
  - intractable nausea and vomiting
  - generalized pruritis
  - restlessness, "restless legs"
- oliguria (urine output less than 400cc/24 hrs.)
- intractable hyperkalemia (persistent serum potassium > 7, not responsive to medical management)
- uremic pericarditis
- hepatorenal syndrome
- intractable fluid overload, not responsive to treatment
- mechanical ventilation
- malignancy -- other organ systems
- chronic lung disease
- advanced cardiac disease
- advanced liver disease
- sepsis
- immunosuppression/AIDS
- albumin < 3.5 gm/dl
- cachexia (wt loss in last 6 months) Dates: \_\_\_\_\_
- BMI below 22kg/m<sup>2</sup> within past 6 months. \_\_\_\_\_
- fever, recurrent after antibiotics
- platelet count < 25,000
- age > 75
- disseminated intravascular coagulation
- gastrointestinal bleeding

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4. Other signs and symptoms associated with renal failure *(check all that apply)*.

- activity/mobility limitations
- electrolyte abnormalities
- chest pain
- dyspnea (labored breathing)
- orthopnea
- narrowing of coronary arteries
- self-care limitations
- calciphylaxis

Co-morbidities/Secondary Conditions that support hospice diagnosis:

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Person completing form signature \_\_\_\_\_ Date \_\_\_\_\_

RN Signature \_\_\_\_\_ Date \_\_\_\_\_

Md. Signature \_\_\_\_\_ Date \_\_\_\_\_