

## General Guidelines – All Diagnoses

This worksheet is a guide for initial and re-certification assessments. It must be accompanied by narrative documentation. Construct a narrative from the information on this worksheet and from the physician and record on back. The patient should be re-evaluated at specific intervals set by the interdisciplinary team.

Patient Name: \_\_\_\_\_ MR#: \_\_\_\_\_ Date \_\_\_\_\_

The patient should meet the following criteria:

1. Life-limiting condition  Yes  No

2. Patient/family informed condition is life limiting  Yes  No

3. Patient/family elected palliative care  Yes  No

4. Documentation of clinical progression of disease  Yes  No

Evidenced by (check all that apply and secure copies of documentation for Hospice record):

Serial physician assessment

Laboratory studies

Radiological or other studies

Multiple Emergency Dept. visits

Inpatient hospitalizations

Home health nursing assessment if patient homebound **and/or**

5. Recent decline in functional status  Yes  No

Evidenced by either:

A. Karnofsky Performance Status < 50%

Yes  No

**50%** Requires considerable assistance and frequent medical care

**40%** Disabled; requires special care and assistance  
Unable to care for self; disease may be progressing rapidly

**30%** Severely disabled; although death is not imminent

**20%** Very sick; active supportive treatment necessary

**10%** Moribund; fatal processes progressing rapidly **and/or**

B. Dependence in three (3) of six (6)

Activities of Daily Living  Yes  No

Check activities in which patient is dependent:

Bathing  Dressing

Feeding  Transfers

Continence of urine and stool

Ambulation to bathroom

**and/or**

6. Recent impaired nutritional status

Yes  No

Evidenced by (check all appropriate):

Unintentional, progressive weight loss of 10% over past six months

Serum albumin < 2.5 gm/dl (may be helpful prognostic indicator but should not be used by itself)

# Narrative Summary of Prognosis Documentation

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

Patient Name: \_\_\_\_\_ MR#: \_\_\_\_\_

**Diagnosis**— Present underlying illness(es) and all other illness(es) affecting the terminal diagnosis:

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**Co-morbidity that affects the prognosis:**

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**History and progression of the illness(es):**

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**Physical baseline** (e.g., weight and weight change, vital signs, heart rhythms, rales, degree of edema):

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**Laboratory** (if pertinent):

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**Physician's prognosis stating why there is a life expectancy of six (6) months or less** (e.g., patient depressed, will not eat and does not want anything done, or has had optimal therapy for illness.):

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date