

HIV Disease

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 _____

Patients will be considered to be in the terminal stage of their illness (life expectancy of six months or less) if they meet the following criteria.

1 and 2 must be present.

1. CD4+ Count

< 25 cells/mcl or Viral Load

> 100,000 copies/ml

Plus one of the following:

Complication *(Check all that are present.)*

CNS lymphoma

Progressive multifocal leukoencephalopathy

Cryptosporidium infection

Wasting (loss of 33% lean body mass)

MAC bacteremia, untreated, unresponsive to treatment, or treatment refused.

Visceral Kaposi's sarcoma unresponsive to therapy

Renal failure in the absence of dialysis.

Systemic lymphoma with advanced HIV disease and partial response to chemotherapy

Toxoplasmosis: unresponsive to therapy

2. Decreased performance status of

≤ 50 , as measured by Karnofsky Performance Status scale.

3. Documentation of the following factors support hospice care eligibility:

Chronic persistent diarrhea for one year

Persistent serum albumin < 2.5

Concomitant, active substance abuse

Age > 50

Absence of antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease

Advanced AIDS Dementia Complex.

Congestive Heart Failure, symptomatic at rest

Toxoplasmosis

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:

Co-morbidity that affects the prognosis:

History and progression of the illness(es):

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

Laboratory (if pertinent):

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.):

RN Signature

Date

Physician Signature

Date