

**Hospice of the Piedmont
Guideline Worksheet for Determining Terminal Prognosis – Cancer – Initial Certification**

Patient Name: _____ **ID#** _____ **Certification Date:** _____

The following criteria will support a prognosis of six months or less if the terminal illness runs its normal course for patients with **Cancer** on initial certification.

Non-disease specific hospice baseline guidelines: (both 1 and 2 should be met)

- 1) **Physiologic impairment of function status** as demonstrated by Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) \leq 70% due to progression of disease **KPS or PPS (circle one) Score:** _____%
- 2) **Dependence** on assistance for **2 or more** activities of daily living (ADLs):

<input type="checkbox"/> Feeding	<input type="checkbox"/> Ambulation	<input type="checkbox"/> Continence
<input type="checkbox"/> Transfer	<input type="checkbox"/> Bathing	<input type="checkbox"/> Dressing

PLUS

Disease Specific Guidelines:

- A. Disease with **distant metastases** at presentation
OR
- B. **Progression from an earlier stage** of disease to metastatic disease **with either:**
 - 1) **A continued decline** in spite of definitive therapy
OR
 - 2) Patient **declines further disease directed therapy**

OR

Certain **cancers with poor prognoses** (e.g., small cell lung cancer and pancreatic cancer) **may be hospice eligible without fulfilling the other criteria in this section.**

- Small cell lung cancer
- Pancreatic cancer

Note: Lack of certain documentation such as tissue diagnosis for cancer will not create non-eligibility for the hospice benefit but does necessitate other supportive documentation.

Comorbidities: A diagnosis that is not the primary hospice diagnosis nor related to the primary hospice diagnosis, but the presence and severity of such disease is likely to contribute to a life expectancy of 6 months or less. Such diseases are not related to the hospice diagnosis and do not therefore imply financial responsibility under the hospice benefit.

- | | | |
|---|---|--|
| <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Renal failure |
| <input type="checkbox"/> Congestive heart failure (CHF) | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Neoplasia |
| <input type="checkbox"/> Neurological disease (CVA, MS, Parkinson's) | <input type="checkbox"/> Ischemic heart disease | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Acquired immune deficiency syndrome (AIDS) | | |

Form completed by: _____ Date: _____