

Hospice of the Piedmont
 Guideline Worksheet for Determining Terminal Prognosis – Liver Disease – 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 **Liver Disease** on initial certification.

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

- 1) **Physiologic impairment of function status** as demonstrated by:
 - a. 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: * (see note regarding patients awaiting liver transplant)

Guidelines 1 and 2 should¹ be present.

- 1) The patient should¹ show:
 - a) **Prothrombin time (Pro-time)** prolonged **more than 5 seconds** over control **Pro-time** _____ **sec.**
or
 International Normalized Ratio (INR) > 1.5 **INR** _____
and
 - b) **Serum albumin** < 2.5 gm/dl **Serum albumin** _____ **gm/dl**
- 2) End stage (ES) liver disease is present and the patient shows **at least one** of the following:
 - a) **Ascites**, refractory to treatment
or
 Patient non-compliant
 - b) **Spontaneous bacterial peritonitis**
 - c) **Hepatorenal syndrome** (elevated creatinine & BUN with oliguria (<400 ml/day) & urine sodium concentration <10 mEq/l
 Creatinine: _____ mg/100 ml **BUN:** _____ mg/100ml
 Urinary output: _____ ml/day **Urine Na Conc:** _____ mEq/l
 - d) **Hepatic encephalopathy**, refractory to treatment
or
 Patient non-compliant
 - e) **Recurrent variceal bleeding**, despite intensive therapy
- 3) Documentation of the following factors will **support** (but is **not required** to establish) eligibility for hospice care:
 - a) **Progressive malnutrition**
 - b) **Muscle Wasting** with reduced strength & endurance
 - c) Continued **active alcoholism** (>80 gm ethanol/day)
 - d) **Hepatocellular carcinoma**
 - e) **HbsAg (Hepatitis B) positivity**
 - f) **Hepatitis C** refractory to interferon treatment

**Patients awaiting liver transplant who otherwise fit the above criteria may be certified for Medicare hospice benefit, but if a donor organ is procured, the patient should be discharged from hospice*

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"/> Neoplasia | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Neurological disease (CVA, ALS, MS, Parkinson's) | <input type="checkbox"/> Ischemic heart disease | |
| <input type="checkbox"/> Acquired immune deficiency syndrome (AIDS) | | |

Form completed by: _____ Date: _____

¹The word "should" in the disease specific guidelines means that on medical review the guideline so identified will be given great weight in making coverage determination but does not mean, however, that meeting the guideline is obligatory.