

PULMONARY DISEASE - Initial

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

Non-disease specific baseline guidelines: (both 1 and 2 should¹ 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:

The criteria refer to patients with various forms of advanced pulmonary disease who eventually follow a final pathway for End Stage (ES) Pulmonary Disease

Guideline **1 and 2** should¹ be present.

- 1) Severe chronic lung disease as documented by **both a and b**:
 - a) **Disabling dyspnea at rest**, poorly or unresponsive to bronchodilators, resulting in **decreased functional capacity**, e.g., bed-to-chair existence, fatigue, and cough:
Documentation of **Forced Expiratory Volume in One Second (FEV1), after bronchodilator, less than 30%** of predicted is objective evidence for disabling dyspnea, but is **not necessary** to obtain.
FEV1: _____ %
 - b) Progression of ES pulmonary disease, as evidenced by increasing visits to the emergency room **or** hospitalizations for pulmonary infections **and/or** respiratory failure **or** increasing physician home visits prior to initial certification.
Documentation of **serial decrease of FEV1 > 40% ml/year** is objective evidence for disease progression, but is **not necessary** to obtain.
Serial decrease of FEV1: _____ % ml/year
- 2) **Hypoxemia at rest on room air**, as evidenced by **pO2 \leq 55 mmHg or O2 Saturation \leq 88% on supplemental O2** determined either by arterial blood gases **or** O2 Saturation monitors: *(These values may be obtained from recent hospital records.)*
PO2: _____ mmHg **or** **O2 Saturation:** _____ % (circle one: **ABG O2 saturation monitor**)
OR
 Hypercapnia, as evidenced by **pCO2 \geq 50 mmHg**.
(This value may be obtained from recent [3 months] hospital records pCO2: _____ mmHg)

Documentation of #3, 4, and 5 will lend **supporting** documentation (but is **not required**) to establish eligibility for hospice care:

- 3) **Right heart failure (RHF) secondary to pulmonary disease (Cor pulmonale)** (e.g., not secondary to left heart disease or valvulopathy)
- 4) Unintentional **progressive weight loss of greater than 10% of body weight over the preceding six months**
Wt. loss over the previous 6 months: _____ lbs.
- 5) **Resting tachycardia > 100/min:** **Pulse/Heart Rate:** _____ / min

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, ALS, 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: _____

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.