

**Hospice of the Piedmont
Guideline Worksheet for Determining Terminal Prognosis – Renal 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 **Renal 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:

Guidelines **1 and either 2 or 3** should¹ be present:

- 1) The patient is **not** seeking **dialysis or renal transplant**
AND
- 2) **Creatinine clearance:** < 10 cc/min (< 15 cc/min for diabetics) based on measurement or calculation
or
 < 15 cc/.min (< 20 cc/min for diabetics) with co-morbidity of CHF
Creatinine Clearance: _____ cc/min

OR

- 3) **Serum creatinine** > 8.0 mg/dl (> 6.0 mg/dl for diabetics) **Serum Creatinine:** _____ mg/dl
- 4) Documentation of 4 will lend **supporting** documentation (but is **not required**) to establish eligibility for hospice care:

ACUTE RENAL FAILURE

- | | |
|---|--|
| a) <input type="checkbox"/> Mechanical ventilation | g) <input type="checkbox"/> Immunosuppression/AIDS |
| b) <input type="checkbox"/> Malignancy (other organ system) | h) <input type="checkbox"/> Albumin < 3.5 gm/dl |
| c) <input type="checkbox"/> Chronic lung disease | i) <input type="checkbox"/> Cachexia |
| d) <input type="checkbox"/> Advanced cardiac disease | j) <input type="checkbox"/> Platelet count $< 25,000$ |
| e) <input type="checkbox"/> Advanced liver disease | k) <input type="checkbox"/> Disseminated intravascular coagulation |
| f) <input type="checkbox"/> Sepsis | l) <input type="checkbox"/> Gastrointestinal bleeding |

OR

CHRONIC RENAL FAILURE

- | | |
|---|--|
| a) <input type="checkbox"/> Uremia | d) <input type="checkbox"/> Uremic pericarditis |
| b) <input type="checkbox"/> Oliguria (< 400 cc/24 hours) | e) <input type="checkbox"/> Hepatorenal syndrome |
| c) <input type="checkbox"/> Intractable hyperkalemia (> 7.0 <u>not</u> responsive to treatment) f) <input type="checkbox"/> Intractable fluid overload, <u>not</u> responsive to treatment | |

General 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"/> Neoplasia |
| <input type="checkbox"/> Congestive heart failure (CHF) | <input type="checkbox"/> Liver Disease | <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.