

**Hospice of the Piedmont
Guideline Worksheet for Determining Terminal Prognosis – Stroke & Coma – 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 **Stroke & Coma** on initial certification.

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

- 1) **Physiologic impairment of function status:** See *Disease Specific Guideline #1 for Stroke* below.
- 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:

STROKE

- 1) **Karnofsky Performance Status (KPS) or Palliative Performance Scale (PPS), of ≤ 40%**
KPS or PPS (circle one) Score: _____ %
- 2) **Inability to maintain hydration and caloric intake with one (1) of the following:**
 - a) **Weight loss > 10%** in the last 6 months
or **Wt. loss – in last 6 mos.:** _____ lbs. **or** **in last 3 mos.:** _____ lbs.
 Weight loss >7.5% in the last 3 months
 - b) **Serum albumin <2.5 gm/dl** **Serum albumin:** _____ gm/dl
 - c) Current **history of pulmonary aspiration** not responsive to speech language pathology intervention
 - d) Sequential calorie counts documenting **inadequate caloric/fluid intake**
 - e) **Dysphagia** severe enough to prevent the patient from receiving good nutrition and fluids necessary to sustain life, in a patient who declines or does not receive artificial nutrition and hydration.

COMA (any etiology)

Comatose patients with **any three (3) of the following** on **Day 3** of coma:

- a) Abnormal **brain stem response**
- b) Absent **verbal response**
- c) Absent **withdrawal response to pain**
- d) **Serum creatinine > 1.5 mg/dl** **Serum creatinine:** _____ mg/dl

Documentation of the following factors **will support** (but are **not required**) eligibility for hospice care:

Medical Complications, in the context of progressive clinical decline, within the previous 12 months, which support a terminal prognosis:

- | | |
|--|--|
| a) <input type="checkbox"/> Aspiration pneumonia | d. <input type="checkbox"/> Fever recurrent <u>after</u> antibiotics |
| b) <input type="checkbox"/> Upper urinary tract infection (pyelonephritis) | e. <input type="checkbox"/> Sepsis |
| c) <input type="checkbox"/> Refractory stage 3-4 decubitus ulcers | |

Diagnostic imaging factors that support poor prognosis after stroke include:

- A. **For non-traumatic hemorrhagic stroke:**
 - 1) Large-volume hemorrhage on CT:
 - a) Infratentorial: ≥ 20ml
 - b) Supratentorial: ≥ 50 ml
 - 2) Ventricular extension of hemorrhage
 - 3) Surface area of involvement of hemorrhage ≥ 30% of cerebrum
 - 4) Midline shift ≥ 1.5 cm
 - 5) Obstructive hydrocephalus in patient who declines, or is not a candidate for, ventriculoperitoneal shunt
- B. **For thrombotic/embolic stroke:**
 - 1) Large anterior infarcts with both cortical and subcortical involvement
 - 2) Large bihemispheric infarcts
 - 3) Basilar artery occlusion
 - 4) Bilateral vertebral artery occlusion

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 (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: _____