Functional Assessment Scale (FAST)

1	No difficulty either subjectively or objectively.									
2	Complains of forgetting location of objects. Subjective work difficulties.									
3	Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity. *									
4	Decreased ability to perform complex task, (e.g., planning dinner for guests, handling personal finances, such as forgetting to pay bills, etc.)									
5	Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. pt may wear the same clothing repeatedly, unless supervised.*									
6	Occasionally or more frequently over the past weeks. * for the following A) Improperly putting on clothes without assistance or cueing . B) Unable to bathe properly (not able to choose proper water temp) C) Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue) D) Urinary incontinence E) Fecal incontinence									
7	 A) Ability to speak limited to approximately ≤ 6 intelligible different words in the course of an average day or in the course of an intensive interview. B) Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview C) Ambulatory ability is lost (cannot walk without personal assistance.) D) Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair.) E) Loss of ability to smile. F) Loss of ability to hold up head independently. 									

Palliative Performance Scale (PPS)

*Scored primarily on information obtained from a knowledgeable informant.

Psychopharmacology Bulletin, 1988 24:653-659.

Intake Conscious	Normal Full	Normal Full	Normal or Full reduced	Normal or Full reduced	st Normal or Full or reduced confusion	ance Normal or Full or reduced confusion	Normal or Full, drowsy, reduced or confusion	Reduced or confusion	Minimal sips Full, drowsy, or confusion	Mouth care Drowsy or	
Self-Care	Full	Full	Full	Full	Occasional assist necessary	Considerable assistance required	Mainly assistance	Total care	Total care	Total care	
Activity and Evidence of Disease	Normal activity, no evidence of disease	Normal activity, some evidence of disease	Normal activity with effort, some evidence of disease	Unable to do normal work, some evidence of disease	Unable to do hobby or some housework, significant disease	Unable to do any work, extensive disease	Unable to do any work, extensive disease	Unable to do any work, extensive disease	Unable to do any work, extensive disease	Unable to do any work, extensive disease	
Ambulation	Full	Full	Full	Reduced	Reduced	Mainly sit/lie	Mainly in bed	Totally bed bound	Totally bed bound	Totally bed bound	
%	100	06	80	70	09	20	40	30	20	10	

Hospice Card

A hospice is a program designed to care for the dying and their special needs. Among these services all hospice programs should include:

- (a) **Control of pain and other symptoms** through medication, environmental adjustment and education.
- (b) **Psychosocial support** for both the patient and family, including all phases from diagnosis through bereavement.
- (c) **Medical services** commensurate with the needs of the patient.
- (d) Interdisciplinary "team" approach to patient care, patient/ and family support, and education.
- (e) Integration into existing facilities where possible.
- (f) Specially trained personnel with expertise in care of the dying and their families.

Hospice Eligibility Criteria

GENERAL (NON-SPECIFIC) TERMINAL ILLNESS

- 1. Terminal condition cannot be attributed to a single specific illness. And
- 2. Rapid decline over past 3-6months Evidenced by: Progression of disease evidenced by sx, signs & test results Decline in PPS to $\leq 50\%$

Involuntary weight loss >10% and/or Albumin <2.5 (helpful)

ADULT FAILURE TO THRIVE

Patient meets ALL of the following:

- Palliative performance Scale ≤ 40%
- BMI <22
- Pt refusing enteral or parenteral nutrition support or has not responded to such nutritional support, despite adequate caloric intake

CANCER

Patient meets ALL of the following:

- **1**.Clinical findings of malignany with widespread, aggressive or progressive disease as evidenced by increasing sx, worsening lab values and/or evidence of metastatic disease
- **2**.Palliative performance Scale (PPS) ≤ 70%
- **3**.Refuses further life-prolonging therapy OR continues to decline in spite of definitive therapy

Supporting documentation includes:

Hypercalcemia > 12

Cachexia or weight loss of 5% in past 3 months
Recurrent disease after surgery/radiation/chemotherapy
Signs and sx of advanced disease (e.g. nausea, requirement for transfusions, malignant ascites or pleural effusion, etc.)

DEMENTIA

The patient has both 1 and 2:

- 1. Stage 7C or beyond according to the FAST Scale
- **2.** One or more of the following conditions in the 12 months: Aspiration pneumonia

Pyelonephritis

Septicemia

Multiple pressure ulcers (stage 3-4)

Recurrent Fever

Other significant condition that suggests a limited prognosis Inability to maintain sufficient fluid and calorie intake in the past 6months (10% weight loss or albumin < 2.5 gm/dl)

HEART DISEASE

The patient has 1 and either 2 or 3.

1. CHF with NYHA Class IV* sx and both : Significant sx at rest

Inability to carry out even minimal physical activity without dyspnea or angina

2. Patient is optimally treated

(ie diuretics, vasodilators, ACEI, or hydralazine and nitrates)

3. The patient has angina pectoris at rest, resistant to standard nitrate therapy, and is either not a candidate for/or has declined invasive procedures.

Supporting documentation includes:

 $EF \le 20\%$, Treatment resistant symptomatic dysrythmias h/o cardiac related syncope, CVA 2/2 cardiac embolism H/o cardiac resuscitation, concomitant HIV disease

HIV/AIDS

The patient has either 1A or 1B and 2 and 3. 1A. CD4+ < 25 cells/mcL OR 1B. Viral load > 100,000

AND

2. At least one (1): CNS lymphoma, untreated or refractory wasting (loss of > 33% lean body mass), (MAC) bacteremia,

Progressive multifocal leukoencephalopathy Systemic lymphoma , visceral KS, Renal failure no HD, Cryptosporidium infection, Refractory toxoplasmosis AND

3. PPS* of < 50%

LIVER DISEASE

The patient has both 1 and 2.

1. End stage liver disease as demonstrated by A or B, & C:

A. PT> 5 sec **OR** B. INR > 1.5

AND

C. Serum albumin <2.5 gm / dl

AND

2. One or more of the following conditions:
Refractory Ascites, h/o spontaneous bacterial peritonitis, Hepatorenal syndrome, refractory hepatic encephalopathy, h/o recurrent variceal bleeding

Supporting Documents includes:

Progressive malnutrition, Muscle wasting with dec. strength. Ongoing alcoholism (> 80 gm ethanol/day), Hepatocellular CA HBsAg positive, Hep. C refractory to treatment

PULMONARY DISEASE

Severe chronic lung disease as documented by 1, 2, and 3.

1. The patient has all of the following:
Disabling dyspnea at rest
Little of no response to bronchodilators
Decreased functional capacity (e.g. bed to
chair existence, fatigue and cough)
AND

2. Progression of disease as evidenced by a recent h/o increasing office, home, or ED visits and/or hospitalizations for pulmonary infection and/or respiratory failure.

AND

3. Documentation within the past 3 months ≥1: Hypoxemia at rest on room air (p02 < 55 mmHg by ABG) or oxygen saturation < 88%

Hypercapnia evidenced by pC02 > 50 mmHg

Supporting documentation includes: Cor pulmonal and right heart failure Unintentional progressive weight loss

NEUROLOGIC DISEASE (chronic degenerative conditions such as ALS, Parkinson's, Muscular Dystrophy, Myasthenia Gravis or Multiple Sclerosis)

The patient must meet at least one of the following criteria (1 or 2A or 2B):

1. <u>Critically impaired breathing capacity,</u> with all: Dyspnea at rest, Vital capacity < 30%, Need O_2 at rest, patient refuses artificial ventilation

OR

2. <u>Rapid disease progression</u> with either A or B below: Progression from :

independent ambulation to wheelchair or bed-bound status normal to barely intelligible or unintelligible speech normal to pureed diet

independence in most ADLs to needing major assistance in all ADLs

AND

A. <u>Critical nutritional impairment</u> demonstrated by all of the following in the preceding 12 months:

Oral intake of nutrients and fluids insufficient to sustain life Continuing weight loss

Dehydration or hypovolemia

Absence of artificial feeding methods

OR

B. Life-threatening complications in the past 12 months as demonstrated by ≥ 1 :

Recurrent aspiration pneumonia, Pyelonephritis, Sepsis, Recurrent fever, Stage 3 or 4 pressure ulcer(s

RENAL FAILURE

The patient has 1, 2, and 3.

1. The pat is not seeking dialysis or renal transplant **AND**

2. Creatinine clearance* is < 10 cc/min (<15 for diabetics)

AND

3. Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics) Supporting documentation for chronic renal failure includes: Uremia, Oliguria (urine output < 400 cc in 24 hours), Intractable hyperkalemia (> 7.0), Uremic pericarditis, Hepatorenal syndrome, Intractable fluid overload. Supporting documentation for acute renal failure includes: Mechanical ventilation, Malignancy (other organ system) Chronic lung disease, Advanced cardiac disease, Advanced liver disease

STROKE OR COMA

The patient has both 1 and 2.

- 1. Poor functional status PPS* ≤ 40% AND
- 2. Poor nutritional status with inability to maintain sufficient fluid and calorie intake with ≥1 of the following:
- \geq 10% weight loss in past 6 months \geq 7.5% weight loss in past 3 months Serum albumin <2.5 gm/dl

Current history of pulmonary aspiration without effective response to speech therapy interventions to improve dysphagia and decrease aspiration events

Supporting documentation includes:

Coma (any etiology) with 3 of the following on the third (3rd) day of coma:

Abnormal brain stem response
Absent verbal responses
Absent withdrawal response to pain
Serum creatinine > 1.5 gm/dl



