



Worksheet For Determining Prognosis General Guidelines — All Diagnoses

The purpose of this worksheet is to guide initial and recertification assessments. It must be accompanied by narrative documentation. These are guidelines only: clinical judgment is required in each case. Construct a narrative from the information on this worksheet and information from the patient's physician and record on back. The patient should be reevaluated at specific intervals set by the interdisciplinary team and within 60 days of clinical stabilization. This form may be used for initial and subsequent reevaluation.

Pt. Name: _____ ID# _____ Date _____

The patient should meet the following criteria:

- 1. Life limiting condition.....Yes No
- 2. Pt/family informed condition is life limitingYes No
- 3. Pt/family elected palliative careYes No
- 4. Documentation of clinical progression of diseaseYes No

Evidenced by (*check all that apply and secure copies of documentation for hospice record*):

- _____ serial physician assessment
- _____ laboratory studies
- _____ radiologic or other studies
- _____ multiple Emergency Dept. visits
- _____ inpatient hospitalizations
- _____ home health nursing assessment if patient homebound

and/or

- 5. Recent decline in functional status.....Yes No

Evidenced by either:

- A. Karnofsky Performance Status \leq 50%Yes No

Check level:

- _____ 50% Requires considerable assistance and frequent medical care
- _____ 40% Disabled; requires special care and assistance
- _____ 30% Unable to care for self; disease may be progressing rapidly
- _____ 20% Severely disabled; although death is not imminent
- _____ 10% Very sick; active supportive treatment necessary
- _____ 10% Moribund; fatal processes progressing rapidly

and/or

- B. Dependence in 3 of 6 Activities of Daily LivingYes No

Check activities in which patient is dependent:

- _____ bathing
- _____ dressing
- _____ feeding
- _____ transfers
- _____ continence of urine and stool
- _____ ambulation to bathroom

and/or

- 6. Recent impaired nutritional statusYes No

Evidenced by (*check all appropriate*):

- _____ unintentional, progressive weight loss of 10% over past six months
- _____ serum albumin less than 2.5 gm/dl (may be helpful prognostic indicator but should not be used by itself)

Narrative Summary of Prognosis Documentation

Documentation should be complete, consistent, concise, specific, measureable, and descriptive.

Diagnosis: Present underlying illness(es) and all other illness(es) affecting the terminal diagnosis:

Co-morbidity that affects the prognosis:

History and progression of the illness(es):

Physical baseline (e.g. weight and weight change, vital signs, heart rhythms, rates, degree of edema):

Laboratory (if pertinent):

Physician's prognosis stating why there is a life expectancy of 6 months or less (e.g. Patient depressed, will not eat and does not want anything done, or has had optimal therapy for illness.):

RN Signature

Date

Physician Signature

Date

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