

1.	Pt. Is diagnosed with a terminal illness or life limiting condition?	yes	no
2.	Pt./family informed condition is life limiting? ( months or less)	yes	no
3.	Pt./family elected palliative care? (Pt. Refuses or not eligible for aggressive/curative measures)	yes	no
4.	Documentation of clinical progression of disease?	yes	no

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

<input type="checkbox"/>	Serial physician assessment	<input type="checkbox"/>	Multiple Emergency Dept. visits
<input type="checkbox"/>	Laboratory studies	<input type="checkbox"/>	Inpatient hospitalizations
<input type="checkbox"/>	Radiologic or other studies	<input type="checkbox"/>	Home health nursing assessment if Pt. Homebound

**And/Or:**

5.	Recent decline in functional status	yes	no
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**Evidenced by either:**

A.	Palliative Performance status (60%)	yes	no
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**Check Level:**

	60%	Reduced ambulation; unable to do hobby/house work; significant evidence of disease; occasional assistance with self-care necessary; intake varied; fully conscious
	50%	Mainly able to sit or lie down; unable to do any work; significant evidence of disease; considerable self-care assistance needed; intake varied; fully conscious
	40%	Mainly in bed; unable to do any work; significant evidence of disease; self-care mainly assisted; intake varied; consciousness full to drowsy
	30%	Total bed bound; unable to do any work; significant evidence of disease; requires total care; intake reduced; consciousness full to drowsy
	20%	Moribund; unable to do any work; significant disease progression requires total care; intake reduced to sips, consciousness full to drowsy
	10%	Moribund; unable to do any work; significant disease progression; requires total care; intake reduced to mouth care only; consciousness

drowsy to coma
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**And/Or:**

B.	Dependence in 3 of 6 Activities of Daily Living	yes	no
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**Check activities in which patient is dependent:**

	Bathing		Transfers
	Dressing		Continence of urine and stool
	Feeding		Ambulation to bathroom

**And/Or:**

6.	Recent impaired nutritional status?	yes	no
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**Evidence by (check all appropriate):**

	Unintentional, progressive weight loss of 10% over past 6 months
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	Serum albumin < 2.5 gm/dl (may be helpful prognostic indicator, but should not be used by itself)
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7.	Other clinical impressions
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Has patient fractured hip in last 6 months?	yes	no
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Has patient suffered any other losses in the part year?	yes	no
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If yes, describe: